

COMPASSION AS A RESPONSE TO TRAUMA:
A NARRATIVE INQUIRY INTO INDIVIDUALS EXPERIENCING
SECONDARY TRAUMA AND THE COMPASSION PRACTICE

A Dissertation
presented to
the Faculty of
Claremont School of Theology

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy in Practical Theology

by
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May 2018

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This dissertation completed by

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has been presented to and accepted by the
faculty of Claremont School of Theology in
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May 2018

ABSTRACT

COMPASSION AS A RESPONSE TO TRAUMA: A NARRATIVE INQUIRY INTO INDIVIDUALS EXPERIENCING SECONDARY TRAUMA AND THE COMPASSION PRACTICE

by

Karri Anne Backer

Persons who are called into areas of vocation that involve trauma exposure often feel the negative effects of secondary trauma, which sometimes leads them to leave their work, paid or volunteer. This is a problem because they then miss the opportunity to engage in a personal “call” that defines who they are as a person, and which often play an important part of their spiritual formation. In addition, it is a problem when we consider the important work they do, and that within many Christian communities they understand this work to be work that is prophetic work, and a way that God influences the world. It is a loss when this happens, personally and communally, and important for faith communities to pay attention to and seek ways to support these people. The Compassion Practice, a curriculum used to cultivate compassion for self and others, inherently involves skills and teachings that are often used to treat people with secondary trauma, and may be a way to support people who experience secondary trauma.

This study looks at the stories, spirituality and experiences of people who have secondary trauma and who engage in The Compassion Practice curriculum through narrative inquiry and a participant action research approach. The researcher recruited 8 people to engage in an 8-week program in which the participants completed a curriculum used to teach The Compassion Practice, while also using a psycho-education approach to informing the individuals of secondary trauma and how the practice might provide spiritual and emotional resources to provide relief

from symptoms of secondary trauma. In addition, the researcher interviewed 4 of these participants at the beginning of the group, right after the group ended, and two months after the completion of the group, to learn their narratives and experiences with spirituality, secondary trauma, and The Compassion Practice.

From the group and the data gathered the researcher was able to ascertain several findings that are relevant to this group and their experiences. 1) Participants experienced The Compassion Practice as a tool in helping them cope with secondary trauma, and for some The Compassion Practice allowed them to experience a transformation in their experience of trauma so that the trauma became a rich resource rather than a hindrance to their emotional, relational and spiritual well-being, 2) Participants who chose vocations where trauma exposure was inherent to the role, either because of the work itself or where the work was preformed, articulated a rich spiritual and theological understanding of the presence of God within suffering and their call to witness to the Sacred in these spaces, 3) For one participant in particular, her understanding of God widened as her exposure to trauma increased, which brought her into greater integration with her explicit theology prior to trauma exposure, and 4) Participants were able to experience and articulate a curriculum that addresses secondary trauma through The Compassion Practice that they believe would be helpful to others engaged in work that involves trauma exposure. In addition to these findings, the researcher offers several personal narratives from interviews with the participants that illustrate the dynamics of spirituality, secondary trauma, vocation, and compassion cultivation, and considers the findings within a wider theological and spiritual lens.

Keywords

Secondary Trauma, The Compassion Practice, Spiritual Formation, Vocation, Post-Traumatic Growth, Qualitative Research, Narrative Inquiry, Participant Action Research

Dedication

I dedicate this work to my husband, Nick, and our daughter, Cali. Without Nick's quiet and constant love in the backdrop of my life for the last twenty years I cannot imagine where I would be, but know without a doubt I would not have been able to even contemplate doing the work I have been able to do with his presence alongside me. And, I would not have the gift of our daughter Cali, whose light and love also join to offer encouragement and support, and to remind me of the larger reality we are all working towards. I love you both, and thank you for so much.

Acknowledgements

My heart is so full of gratitude as I sit to write this that it is difficult to imagine translating it to paper. But, I have to try.

Along with Nick and Cali, I thank my parents, Bonnie and Larry Backer, who support me in so many ways, but specifically helped to care for Cali when she was just an infant so I could begin graduate school, and, almost 15 years later, finish this PhD. I could rest and work knowing she was loved and cared for, and am grateful for this.

I also feel blessed by the faculty and staff at Claremont School of Theology, and especially for the Education and Formation department. I end my time with them restored and well, grounded in my own education and formation, knowing that this journey has allowed me to become more of who I believe God is calling me to be, in addition to developing and completing research that I believe will help those God is calling us to pay attention to, those who are practicing presence and love with those who suffer. That I could do this deep work, academically rigorous and spiritually and emotionally demanding, and come out more whole is a testament to who they are and the department they have cultivated. Thank you Frank, Andy, Sheryl, and Najeeba. Thank you also to my colleagues in the spiritual formation department, especially those with whom I will share graduation with this year, Kristin and Seth, in addition to those who came before and those who will follow in the years to come. Your presence and work has allowed me to flourish within our shared vision and compassionate relationships, which is where the best work is done.

Thank you to my committee, Frank, Sheryl, and Alane. Your time and attention was precious to me, and helped birth this 200+ page dissertation. I have benefited from your own

work in the world, which has helped me develop my own. I have no adequate words for how much your presence has meant to me.

I also wish to acknowledge the faith communities who supported and continue to support me and the work I am called to do. St. Mark's Episcopal Church and School in Upland, who raised me up for ordination and also cared for our daughter while I did this work; St. Paul's Episcopal Church in Pomona, who helped me to reach into my sacramental presence and also allowed my research group to meet in its beautiful sanctuary to pray and talk and heal; St. Andrew's Episcopal Church in Fullerton and St. John the Baptist Episcopal Church in Corona, who supported me as I planned and worked and, most importantly, as I wrote; and the Rev. Dr. Sylvia Sweeney and all those at Bloy House who helped me to rest into my identity as a scholar. I thank Bishop J. Jon Bruno, who was the bishop of the Episcopal Diocese of Los Angeles when I began, and Bishop John H. Taylor, who was the bishop when I finished. Both offered encouragement, and Bishop Bruno supported my application to the Church Pension Group, which allowed me to take time off from work to complete my qualifying exams, research, and writing while the CPG made payments into my pension fund on my behalf. Thank you all.

I also thank all the people who helped with this research along the way, and the thesis secretary, Debbie Ahlberg. I cannot imagine how you do all the work you do, and am grateful.

And, really most importantly, I want to thank the eight individuals who participated in this research, and the four who stayed with me for extended interviews, research analysis, and their own contributions. To just spend time with you and your lives was a blessing, and to know that this research is done with you all at the center is to know it will be a blessing to others. Thank you.

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Chapter One: Introduction

Introduction¹

This research study seeks to understand the dynamics of secondary trauma, spirituality and spiritual formation, and how they affect one another; particularly in situations where someone feels their work in the midst of trauma is a vocational “call” that can be understood within a broad context as a spiritual practice, although they might not use these words. As trauma itself challenges not only our psychological and cognitive abilities, it is assumed that it will also have a consequence on one’s spirituality as well; in addition, as other self-care practices support individuals and communities in their work with people who experience trauma, it is also assumed that spiritual formation practices can also play a supportive role for these people.

This study used qualitative research methodology, specifically narrative inquiry and participant action research, to consider these assumptions. The study also sought to provide a deeper space to understand the experience of individuals who experience secondary trauma and also took part in an 8-week research study in the summer and fall of 2016. Eight individuals participated, four of whom volunteered and/or were selected to participate in individual interviews seeking to understand their experiences with secondary trauma and spirituality, and their experiences with spiritual formation.

This chapter begins by contextualizing the background of this problem, first from a personal narrative and then from a research-based approach, and then creates the foundation for this dissertation further by considering the statement of the problem, purpose of the study, research questions, hypothesis, and the significance of this study. I will then briefly introduce

¹ The format for this chapter in particular and the dissertation in general comes from Linda Dale Bloomberg and Marie Volpe’s book, *Completing Your Qualitative Dissertation: A Road Map from Beginning to End* (Thousand Oaks, CA: SAGE Publications, 2016).

the research methodology, which will be discussed in detail in Chapter Three. Before concluding I will address reflexivity in my research, and provide some needed key definitions for this work, leaving other definitions for the literature review in Chapter Two.

Background of Problem

Personal Experiences

For several years I worked as a chaplain in various county or social service organizations.² Beginning at County-USC Hospital, moving on to Twin Towers Correctional Facility and then a residential home for children aged six to eighteen who were either in foster care or mentally ill and unable to live at home, I provided pastoral care to the patients, inmates, and residents of these seemingly different spaces.

However, they all constellated around trauma, really, and the forces that feed into the lives of the most vulnerable: poverty, substance abuse, and violence. This work was in addition to several previous years working with individuals and families who experienced chronic homelessness, where these variables were palpably manifest in a heart-breaking way.

1. The inspiration for this narrative for the first chapter comes from “A Framework for Narrative Research Proposals in Psychology,” by Ruthellen Josselson and Amia Lieblich, in *Up Close and Personal: The Teaching and Learning of Narrative Research*. Josselson and Lieblich maintain that traditional research proposals are modeled on quantitative research methods, which emphasize positivistic knowledge claims as opposed to more subjective and narrative focused explorations. They have proposed an alternative framework for use in narrative studies, a framework that allows for use of the personal and subjective knowings, ultimately creating space for both personal and theoretical knowledge. They write, “Our attitude is to respect personal knowledge and self-study as well as scientific sources.” As the first chapter of the dissertation often follows the proposal and this is a narrative work, I believe keeping the subjective voice, integrated with a theoretical frame, is the most relevant form for the introductory chapter. Ruthellen Josselson and Amia Lieblich, “A Framework for Narrative Research Proposals in Psychology,” in *Up Close and Personal: The Teaching and Learning of Narrative Research*, ed. Ruthellen Josselson, Amia Lieblich, and Dan P. McAdams (Washington, D.C.: American Psychological Association, 2003), 262.

In these areas, working within desperate conditions and with those who had experienced acute and chronic trauma, I became sensitized to the experiences of those who supported and worked alongside these individuals and families, and how the work affected them. Medical personnel, deputies, social service workers, and childcare workers: all had stories of how their work had impacted them. While I did hear stories of positive experiences, more often I heard accounts of grief, confusion and pain. As I had also experienced these spaces working as a social service provider for people who were homeless, and as a chaplain, I knew processing these situations was challenging, and sought to be particularly present to assist those seeking insight or even just momentary relief.

While I began engaging in these relationships as a social service provider and therapist, as time went on and I grew into my role as first a chaplain, and then a priest, I began to notice that at the heart of these experiences for those who identified as Christians was a larger question of theodicy, that is, why, given a loving God, does evil exist? The cognitive dissonance that this created seemed to be even more difficult to process than the experiences themselves, and the blockage materialized in questions about one's faithfulness, and whether or not they were a "good enough" Christian. Often this situation would end in the person leaving their employment, and the work they loved, or in a decreased ability to function interpersonally within their relationships, especially with those whom they felt a desire to support within their work situation.

In addition, during this time I was also completing a Masters of Divinity and engaging in theological studies. As the themes of Christianity began to emerge within this framework, I realized that the situation I witnessed was not only important in regards to the well-being of those who supported those who had been traumatized, but also within the larger view of

Christianity, especially within a process theology lens. In this model, God is a relational and engaged entity who is present in every moment of creation, continually working to realize wholeness and restoration in a broken world. We are invited into this work, and through our vocations, areas that we are “called” into, we partner with the Sacred to work toward this larger goal. In this process of living into our vocation, we also, as individuals, experience wholeness and restoration, so that we know our deepest joy in this path, and walk toward our most authentic selves in the process of engaging in this larger work.

Within this understanding, the situations I had encountered took on an even greater importance, and I suspected that some of the deep distress that I had witnessed was not only due to the vicarious trauma and cognitive dissonance that people in supportive roles experienced, but because these conditions ultimately disconnected them from their vocational identities, and thus the flourishing that is possible when we can step fully into this identity of who God is calling us to be. This would also inhibit the partnership between the person and God in the larger work of restoration, again affecting the vitality of the person and also limiting the work that God can do within the world. This disconnection seemed, to me, the most heartbreakingly of all in this already distressing situation, and I felt a need to understand the larger dynamics and engage in ideas around practices that might support those in these situations, precisely so they could continue to support those in need.³

Theoretical Groundings

While the experience of secondary trauma is not new, awareness of it is, and can largely be traced back to when the diagnosis of PTSD entered the American Psychiatric Association’s

3. While it is true that in process theology every moment provides an opportunity to turn toward working with God, this is a dynamic that God offers to the individual and the world, and may not be heard by the person, especially if the person is experiencing the variables described above.

Diagnostic and Statistical Manual of Mental Disorders (DMS) in 1980.⁴ With the advent of a better understanding of the collection of symptoms that formed PTSD, psychotherapists and social workers could delineate working with these clients versus other clients, and could also notice a collection of symptoms they themselves experienced when working with traumatized individuals. While there are various theories underpinning why this happens, at the center is a simple understanding of empathy. This is often considered one of the benefits of relationships, and while increased empathy can lead to a greater sense of well being and feelings of attachment, it can also expose our own selves to the experiences of trauma that another has experienced. Good or bad, we have the capacity to experience what others experience.⁵

Several terms have been used to describe this phenomena, such as vicarious trauma, secondary trauma, compassion fatigue, burnout, and even projective identification, a psychoanalytic theory which "...attempts to account for how and why analysts sometimes find themselves having feelings and physical reactions similar to those of their patients, or experiencing emotions and behaviors their clients may be blocking or split off from."⁶

While acknowledging all of these terms, trauma social worker and educator Laura van Dernoot Lipsky finds space for them all in her term, trauma exposure response. She writes:

Generally speaking, a trauma exposure response may be defined as the transformation that takes place within us as a result of exposure to the suffering of other living beings or the planet. This transformation can result from deliberate or inadvertent exposure, formal or informal contact, paid or volunteer work. When we refer to trauma exposure response, we are talking about the ways in which the

4. Babette Rothschild with Marjorie Rand, *Help for the Helper: Self-Care Strategies for Managing Burnout and Stress* (New York: W.W. Norton & Company, 2006), 11.

5. Rothschild, 10.

6. Rothschild, 21.

world looks and feels like a different place to you as a result of your doing your work.⁷

The term *trauma exposure response* works to describe the dynamic I witnessed in my work, is not too narrow, and also offers a place in the definition for our suffering when we witness non-humans and the planet in trauma. This term is theoretically and theologically appropriate for this inquiry, and I will use this term, and secondary trauma, interchangeably.

While there is a good amount of research on secondary trauma with psychologists, social workers, therapists, and even clergy, there is less research with professions that do not require training in mental health but who also work with and alongside individuals and communities who have experienced trauma, such as attorneys or teachers. Just over ten years ago, in a 2003 journal article in the *Pace Law Review*, the authors note that “although secondary trauma and burnout have been the subject of investigation in emergency workers and mental health professionals, no systematic studies have evaluated in attorneys,”⁸ even though later studies would find that when comparing “social service case workers, mental health professionals providing treatment, and lawyers working in domestic violence and criminal defense, the lawyers consistently had more secondary trauma and burnout than the other two groups.”⁹ Recent studies¹⁰ have confirmed that attorneys are at risk for secondary trauma, but research is still

7. Laura van Dernoot Lipsky with Connie Burk, *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* (San Francisco: Berritt-Koehler Publishers, Inc., 2009), 41.

8. Andrew P. Levin and Scott Greisberg, “Vicarious Trauma in Attorneys,” *Pace Law Review* 245, no. 1 (2003): 245.

9. Lin Piwowarczyk, “Secondary Trauma in Asylum in Lawyers,” *Bender’s Immigration Bulletin* 14, no. 5 (2009): 5.

10. Yael Fischman, “Secondary Trauma in the Legal Professions: A Clinical Perspective,” *Torture* 18, no. 2 (2008): 107–115; Andrew P. Levin, et al., “Secondary Traumatic Stress in Attorneys and Their Administrative Support Staff Working with Trauma Exposed Clients” *The Journal of Nervous and Mental Disease* 199, no. 12 (2011): 946–955; Lila Petar

limited, as it is with teachers¹¹ and other professions, in addition to foster-families¹² or others who experience secondary trauma within their interpersonal relationships.

Looking to connect support for people with secondary trauma, the curriculum for The Compassion Practice came to mind as a program that already has much in common with treatment recommendations, such as raising awareness, mindfulness, group work, intentional rituals, and intentional spirituality. The Compassion Practice, developed by Frank Rogers, Jr. and colleagues at the Center for Engaged Compassion, seeks to help people connect to cultivate compassion, for themselves and for others, and has components that are informed by Internal Family Systems, Ignatian Spirituality, Jungian Spirituality, and Focusing, a technique that encourages more awareness within one's body. The practice itself invites participants to ground and center themselves, and then to notice spaces in their day or week where they have felt reactive or uneasy. When these spaces are noticed, the participant is asked to develop a deeper understanding of what might be happening in these reactions through questions about what the space, or part, might fear, long for, what ancient wound the part might be connected to or hold, or what gift the part might hold for us. As we generate understanding for these parts,

Vrlevski and John Franklin, "Vicarious Trauma: The Impact on Solicitors of Exposure to Traumatic Material," *Traumatology* 14, no. 1 (2008): 106-118.

11. Eva Alisic, et al., "Teachers' Experiences Supporting Children After Traumatic Exposure," *Journal of Traumatic Stress* 25, no. 1 (2012): 93-101; Schnavia Smith Hatcher, et al., "An Assessment of Secondary Traumatic Stress in Juvenile Justice Education Workers," *Journal of Correctional Health Care* 17, no. 3 (2011): 208-217; Adam Koenig, "Learning to Prevent Burnout and Fatigue: Teacher Burnout and Compassion Fatigue," (master's thesis, The University of Western Ontario, 2014); Lucas Lyn, "The Pain of Attachment – "You Have To Put a Little Wedge in There": How Vicarious Trauma Affects Child/Teacher Attachment," *Childhood Education* 84, no. 2 (2007/2008): 85 – 91; Robert W. Motta, "Secondary Trauma in Children and School Personnel," *Journal of Applied School Psychology* 28, no. 3 (2012): 256-269.

12. James Dumesnil, "Exploring Attachment through the Book *Love Lessons*," in *Identifying, Treating, and Preventing Childhood Trauma in Rural Communities*, ed. Marion Baker, et al., Advances in Psychology, Mental Health and Behavioral Studies (Hershey, PA: IGI Global, 2007), 225-247.

compassion often follows, and the participant is then invited to notice and increase this compassion, and also sense if they would like to invite the sacred into these spaces. The second part of the practice offers these same movements for another person, even a person the participant considers difficult to work with.

This process takes time, and in the curriculum participants practice these movements through various contemplative practices, a new one every week. Over time their self-awareness and self-compassion increase, and they are able to enter into environments that once caused anxiety or stress in a grounded way and with a compassionate presence, for themselves and others.

The increase in self-awareness and compassion, the opportunities for contemplative practices, the group support, and the intentional spirituality are already built into the current curriculum for The Compassion Practice. While there are a few practices that can be added, such as body awareness practices or rituals, adapting the curriculum to specifically to fit the needs of people who have experienced trauma exposure would not require much, and easily incorporate models of treatment for secondary trauma, such as *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others, Help for the Helper: Self-Care Strategies for Managing Burnout and Stress*, and the curriculum for an eight-week psycho-education group to treat secondary trauma detailed in Yael Fischman's article, "Secondary trauma in the Legal Professions, A Clinical Perspective."¹³

Statement of the Problem

Certain people who are called into areas of vocation that involve trauma exposure often feel the negative effects of secondary trauma, which sometimes leads them to leave their work,

13. Fischman, 111-113.

paid or volunteer. This is a problem because they then miss the opportunity to engage in a personal “call” that defines who they are as a person, and which often play an important part of their spiritual formation. In addition, it is a problem when we consider the important work they do, and that within many Christian communities they understand this work to be prophetic work, and a way that God influences the world. It is a loss when this happens, personally and communally, and important for faith communities to pay attention to and seek ways to support these people. The Compassion Practice curriculum inherently involves skills and teachings that are often used to treat people with secondary trauma, and may be a way to support people who experience secondary trauma. This study will look at the stories of people who have experienced secondary trauma and who engage in The Compassion Practice.

Purpose of the Study

The purpose of this research study is to inquire into the spirituality, spiritual formation, and experiences of individuals who have trauma exposure and participate in compassion-based contemplative practices, and to explore the effect of The Compassion Practice curriculum on persons with elements of secondary trauma.

Research Questions

In my research I hope to engage in the following questions:

1. What are the spiritual themes and questions, if any, for someone who experiences secondary trauma?
2. In what ways do people who experience secondary trauma perceive secondary trauma as having an influence on their spirituality, theology and formation?
3. How do adults who have trauma exposure experience The Compassion Practice?

4. What would a curriculum that seeks to support those with secondary trauma with spiritual formative practices look like?

Hypothesis

I hypothesize that people who experience trauma exposure will find support in the spiritual formation practices within the curriculum of The Compassion Practice.

Significance of the Study

The research on secondary trauma in various professions is still in its formative stages, and is especially important when we consider the impact on those experiencing secondary trauma in light of the Christian theological understandings we have about the importance of accompanying others in their suffering and advocating for those who often have no voice. In addition, secondary trauma, while known and discussed within therapeutic, social welfare and even church environments, is not widely known outside of these workspaces. While there have been research studies done, they are few and the information does not seem to have reached the people who work in these areas in a generalized way, i.e. teachers, attorneys, first responders, etc. I have spoken with an LAPD detective from the sex crimes unit who had never heard the concept mentioned specifically, other than an vague encouragement to see the mental health providers the organization offers to all its police officers and detectives, but even this was without a reference to secondary trauma and how the work might, at the most fundamental level, affect their outlook, well-being, or relationships with others. I have also discussed secondary trauma with public defenders who work with juvenile offenders, many of whom have experienced years of trauma and poverty before ending up in the criminal justice system, and these attorneys also have never given thought to how hearing the stories of their clients, and witnessing the racism and injustice in the justice system itself, also a form of trauma, has

affected them, although once hearing about the concept these attorneys agree it is important to consider.

As we continue our understanding of trauma and secondary trauma, it is becoming increasingly clear that trauma acts like a contagion, affecting all who come into contact with it. Given this, we are presented with a vital invitation as the community of faith to understand the lived experiences of those who encounter secondary trauma, especially considering many have engaged in their chosen work due to a sense of vocation, or following God's call. This is especially true as the work itself can directly challenge their implicit and explicit theologies, which can also lead to vulnerability in their ability to fully engage in their work, work that the church itself is called into as we engage in a prophetic call. A study looking at these dynamics will allow us to have a better sense of secondary trauma in general, as well as an understanding of how it might be mediated by compassion-based contemplative practices.

Research Approach

This study will seek to understand the experience of secondary trauma and spiritual formation via compassion-based contemplative practices in six to eight individuals who work in fields where they are exposed to trauma. As a qualitative study, the hope is not to achieve generalization of knowledge, but to understand people's experience within a certain context. Specifically, it will employ narrative and action research methods to help us to better understand the intersection of spirituality, spiritual formation, and secondary trauma, and how spiritual formation practices might influence secondary trauma.

As I began to research qualitative methodologies, narrative inquiry spoke almost immediately to me. As I seek to understand how individuals experience trauma and create, or do not create, theological and personal meaning, the understanding of the importance of narrative is

found at every level of my inquiry: How do we understand our own narratives? How do we understand them in relationship to God? How can we understand what God is doing in the world? What are other's narratives, and how can I connect to them? And, importantly, how does one build a coherent theological narrative that allows for one's own experiences and those we care for?

These narratives are the building blocks of who we are, how we relate, and how our societies are structured. British writer A.S. Byatt has argued "...narrative lies at the heart of being human. Narration...is as much part of human nature as breath and the circulation of blood."¹⁴ As the dynamics that I am seeking to understand are anchored in these deep questions of meaning, it makes sense to begin research through a narrative lens.

While narrative is key to framing the stories and meaning making that are happening within the experience of the research, there is also a component of action research to the project. This research is, at its heart, an endeavor of practical theology, defined as "...the study of God and the world by engaged reflection on action (past or present practice) and reflection for the sake of action (future practice). Practical theology, thus, originates in the world of practice, moves into engaged reflection and construction, and returns to praxis as the goal."¹⁵ This dialogue of reflection and action leading to a liberative praxis seems at home in the world of action research, which sees research as an opportunity to involve people in the development of new knowledge not as the researcher and researched, subject and object, but as people coming together to develop knowledge, a knowledge that by its collaborative spirit is inherently

14. Michael Murray, "Narrative Psychology," in *Qualitative Psychology: A Practical Guide to Research Methods*, ed. Jonathan A. Smith (Thousand Oaks, CA: SAGE Publications, 2008), 111.

15. Mary Elizabeth Mullino Moore, "Children and Youth Choosing Life," in *Children, Youth, and Spirituality in a Troubling World*, ed. Mary Elizabeth Moore and Almeda M. Wright (Danvers, MA: Chalice Press, 2008), 5.

empowering. In action research, “...the purpose is to reach not for a transcendent or objective truth in the tradition of Cartesian science...but practical knowledge in the service of human and ecological flourishing.”¹⁶

Further, this implies that certain values are present, ones that promote “liberation” and “human and ecological flourishing,” unlike research with goals of objective knowledge, that seek to be value free. The very ontological assumptions of action research are that it is value laden, morally committed, and action researchers perceive themselves as in relationship with one another in their social contexts.¹⁷

I am invested in qualitative research because I believe that for an area that involves meaning-making, such as questions around spiritual formation and human suffering, qualitative research offers us a way to give voice and story to vital knowledge. As a practical theologian, however, I am also interested in a liberative praxis. Considering potential methodologies led me to believe that action research also hoped for the same outcome, and did so fully within the values of qualitative research and with respect for the research participants as co-researchers.

Assumptions, Delimitations, and Limitations

Assumptions

While during the research design phase I considered other qualitative methodologies, I decided in the end that narrative research partnered with participant action research would yield the most relevant data, and was doable. I considered a phenomenological methodology, seeking to understand what the experience at the intersection of spiritual formation and secondary trauma

16. Peter Reason and Sarah Riley, “Co-Operative Inquiry: An Action Research Practice,” in *Qualitative Psychology: A Practical Guide to Research Methods*, ed. Jonathan A. Smith (Thousand Oaks, CA: SAGE Publications, 2008), 207.

17. Jean McNiff and Jack Whitehead, *All You Need to Know About Action Research* (Thousand Oaks, CA: Sage Publications, 2006), location 286, Kindle Edition.

was inherently like for individuals, and while this would be a worthy space to rest in, this methodology would not lend itself to understanding their wider story in context, and would not be appropriate, I believe, for use with action research. I also considered a case study approach, and while this would allow a rich understanding of one individual and their experiences within the larger context, I would miss the opportunity to work with the group and develop curriculum. I have previously done some ethnography work in this area, looking at a community of Episcopal jail chaplains, volunteer and paid, and while that was a good foundation for this research, and in many ways worked as a pilot study allowing me to consider the dynamics of spiritual formation and secondary trauma before developing this study, it also did not reach into the space of liberative praxis that action research, and my commitment to practical theology, invites.

I was hoping to include six to eight participants in the research, and ultimately eight people were interested and available, which is a good number for a qualitative study. I chose to do interviews with a smaller number, four, rather than all of them because I wanted a deeper narrative account, and engaging eight people in this amount of interviews and attention was beyond what I could offer and manage myself. I chose to intentionally open participation to a diverse group of people rather than limit it, to say, lawyers, because I desired a wide group of experiences, and also doubted I could attract six to twelve people in the same profession who would be available and interested.

Limitations

The limitations include a small group of participants, although appropriate for qualitative research, as well as my own limitations as qualitative researcher with little experience, and also as a human who often plans more than is possible to complete.

Reflexive Statement of Research and Personal Stance

While I have written about my personal experiences that bring me to this place of research throughout this chapter, experiences that influence how I understand my research and my place within it, a commitment to a reflexive process asks that I also create a specific space for this within this dissertation. While the specifics of my being are important to consider and belong in the pages of this work - white female with a Northern European ancestry, working class background, currently almost over-educated and working within a professional environment, heterosexual and married – the salient parts of my life that directly affect my desire to do this work probably stem from my own trauma and secondary trauma experiences, as well as walking with people who have these experiences. I am also invested in this work because of my theological beliefs, which resonate with the prophetic narrative that calls us all forth to represent God’s presence to those who have power and those who are powerless. Developing supportive services that support this work is imperative to me, and certainly drives my desire to continue with this work despite personal variables that make a lengthy academic research project difficult.

While the personal factors listed above certainly point to a privileged position in society that warrants concern for how I engage with others, especially others with less privilege, I believe that, for me, the filter that I need to be sensitive to as I begin this research is my theological position, one that has largely been developed within the walls of academia, as opposed to traditional theologies that are built over a lifetime of engagement and teaching in churches. I became interested in Christianity at the age 26 while in a class on the historical Jesus at UCLA, where we used social science methods to exegete the scripture stories, and which gave me a very different understanding of what is happening in these stories than others might have

experienced. I formally entered the church through baptism at the age of 29, just a year after I began attending my local Episcopal Church, in an affluent community on the west side of Los Angeles, and by the age of 33 was in discernment for ordination. I began seminary as I turned 36, and have either been in seminary or my current graduate program studying Practical Theology for almost eleven years. Most of my faith development has been within a specific liberal and academic theological outlook that is often not reflected by the majority in the churches I serve, even though these communities reside in a particular progressive denomination and are located in Southern California, geographically a liberal area.

One of my questions in this research is how certain theological beliefs affect people who experience spiritual formation. This question comes not only from my theological training, but also my masters in Clinical Psychology, and a certain way of thinking about how people deal with conflict. Psychological health is measured in many ways, but one hallmark is the ability to practice awareness of implicit as well as explicit thoughts and beliefs and resolve conflict, or become comfortable with conflicts should they arise. My experiences with chaplains who hold more evangelical theologies, ones that affirm a traditional understanding of God and God's unilateral power in relation to the world, suggested to me that they struggled when their theological beliefs conflicted with their personal experiences, which made them especially vulnerable to the factors of secondary trauma that surrounded them in their work as caregivers.

My concern in this area surrounds this point, and the sense that there is a hint of a cognitive and theological colonizing movement when I suggest that a different theology would be, simply put, better. The awareness of how knowledge has been used to create power over others, especially in a research situation, cautions me to become especially sensitive to this dynamic, and this growing awareness was what was responsible for my turn toward participant

action research, in the hopes that a research method that builds conditions into the research paradigms for just these situations would mitigate this process. Because there are theologies that promote well-being, and theologies that decrease one's well-being, it is an important question to consider; however, rather than determining what this is unilaterally, I hope, within participant action research, to have a discussion about this with others, while I also am clear about my own theological values and the values inherent within the program we will be using in the research.

Even with a research paradigm that reminds me of the implicit dangers in research with others, it is important that I specifically exercise awareness regarding how I am responding to the research material and participants. For this purpose, I will be practicing contemplative practices that are designed to increase awareness and understandings surrounding our thoughts, imaginings, and reactions to others. As these practices are also included in the program we will be doing together, this is another area where the participants and I will be able to share practices that increase awareness and challenge our beliefs.

Definition of Terms

During the course of this research I engage with terminology from the field of spirituality, spiritual formation and psychology, and which might benefit from more concise definitions. The term *spirituality* is, in itself, difficult to define as we often assign this area of our lives to the more subtle hopes or transcendent experiences we hold during the course of the human life. To define them too closely almost seems as if we are closing off an opportunity for something more, something that is present but unnamed, something that is too important to forgo for the sake of boundaries. However, while we may not be able to define spirituality for all, or even I for an enduring me, it is helpful to have a working definition that more or less feels

relevant to this project. Sandra M. Schneiders, a scholar who has sought to work through these difficult articulations during the course of her life, offers this general definition:

Spirituality as lived experience can be defined as conscious involvement in the project of life integration through self-transcendence toward the ultimate value one perceives.¹⁸

This is general, and not limited to Christianity or even theistic religions. It also includes several key terms that often come up when we speak of spirituality: lived experience, integration, self-transcendence, ultimate value. Building on these themes, David B. Perrin fleshes out these inherent spaces within us and describes more of what the experience of spirituality involves.

Spirituality stands at the junction where the deepest concerns of humanity, and the belief in transcendental values, come together in the movement toward ultimate fulfillment in life. The spiritual center is the deepest center of the person: the place of surrender to authenticity and love. It is here that human beings are open to the transcendent, whatever that is for the individual. It is here that human beings experience ultimate reality and their most profound desires are satisfied.¹⁹

In this description, Perrin allows spirituality to inhabit the “deepest center of the person,” almost defining humanness itself as a spiritual endeavor, one that allows us to see the realness in reality and offers us an invitation to rest in knowing who we truly are.

In both of these offerings there is an implication of a journey, of movement. One does not, generally, exist in this space throughout the totality of their lives, and both traditional and contemporary thought about spirituality seem to assume that we get to this place through process, and that not only does spirituality require a process, but that the process itself is part of the package. This process, this formation into people whose lives reflect their spiritual center, or

¹⁸ Sandra M. Schneiders, “Christian Spirituality: Definition, Methods, and Types,” in *The New Westminster Dictionary of Christian Spirituality*, ed. Philip Sheldrake (Louisville, Kentucky: Westminster John Knox Press, 2005), 1.

¹⁹ David B. Perrin, *Studying Christian Spirituality* (New York: Routledge, 2007), 22.

spiritual formation, involves the hope of spirituality and what we know from the science of studying who we are, and what it means to be human. From a Christian perspective,

...the spiritual journey is the lifelong process of disclosing and incarnating in all dimensions of life and world the image of God that each person most deeply and uniquely is in the depths of his or her being, that is, in the human spirit as graced by the indwelling of God's own Spirit. The Christian life is a movement of ongoing conversation or transformation. It is a journey during which the Christian is "being transformed into the image that we reflect in brighter and brighter glory; this is the working of the Lord who is the Spirit" (2Cor 3:18,JB).²⁰

While the guideposts for where we might be headed in this journey comes from the tradition, from scripture, theology, and personal experiences shared throughout the years, this spiritual foundation is partnered with psychological understandings of who we are, which support the movement as we consider what human growth looks like from a developmental perspective and how it might be encouraged along. Gemma Simonds, in *the New Westminster Dictionary of Christian Spirituality*, writes,

The integration of psychological insights with those of the spiritual traditions has led to an understanding that spiritual formation needs to cover the personal psychosexual and social development of the individual in order to lead towards true spiritual maturity. Psychology and theology offer valuable hermeneutic tools for interpreting and understanding human behavior and, as part of spiritual formation, can lead to greater self-awareness, opening to the possibility of interior change and moral development.²¹

Bringing psychological tools and understandings to spirituality allows us to wonder into the human experience, lifting out the more transcendent and meaning infused spaces in an intentional way. Indeed, this process is what we often see in the writings from the mystics prior to the separation of psychology from the religious and spiritual realm, and "Christian spiritual

²⁰ Richard Byrne, O.C.S.O, "Journey (Growth and Development in Spiritual Life)," in *The New Dictionary of Catholic Spirituality*, ed. Michael Downey (Collegeville, MN: The Liturgical Press, 1993), 565.

²¹ Gemma Simmonds, "Formation, Spiritual," in *The New Westminster Dictionary of Christian Spirituality*, ed. Philip Sheldrake (Louisville: Westminster John Knox Press, 2005), 309.

texts have frequently offered nuanced accounts of psychological data interpreted according to the theological worldview common to the time.”²² Supporting people along the path toward spiritual maturity also involved what we would now understand as psychological maturity, and we can see these movements in the writings of spiritual authors in the tradition.

In this vein, I will also be using psychological concepts and understandings as I consider the spiritual life of those who experience trauma exposure, and how formative practices found in The Compassion Practice curriculum might help people with the trauma they have experienced so they can engage in this movement toward transformation.

While *secondary trauma* and *trauma exposure* are also technical terms, I have defined them earlier in this chapter, and will be using them interchangeably.

²² H. John McDarg, “Psychology, Relationship and Contribution to Spirituality,” in *The New Dictionary of Catholic Spirituality*, ed. Michael Downey (Collegeville, MN: The Liturgical Press, 1993), 793.

Chapter Two: Literature Review

Overview

This research study seeks to understand the dynamics of secondary trauma, spirituality and spiritual formation, and how they affect one another; particularly in situations where someone feels their work in the midst of trauma is a vocational “call” that can be understood within a broad context as a spiritual practice, although they might not use these words. As such, it is necessary to do a broad investigation of the research thus far to understand what others have thought about and shown regarding these topics. As practical theology invites a multidisciplinary approach to research, the process of investigation necessarily requires multiple layers of inquiry in order to develop a comprehensive understanding of the topic of study. This is especially true for this study, which involves the areas of practical theology, spiritual formation, and psychology, but reaches into each discipline to illuminate spaces which might be elemental in understanding how spiritual formation and secondary trauma come together. With that in mind, the literature review for the research involves these broad areas, as well as subjects within them that are specific to this study.

In the following pages I will look at the relevant literature in the fields of trauma and secondary trauma, as well as how secondary trauma affects certain professions, and the work that has been done to understand and provide support to those specific fields; neurophysiological considerations in psychology and spiritual formation; and, finally, spiritual formation, and in particular compassion-based contemplative practices, along with the insight pastoral theology has offered to us on the topics of trauma and secondary trauma. These areas of inquiry were selected either because they focus on the main themes of the research – secondary trauma and spiritual formation – or because they are an ancillary field that yields greater contexts for the fields we will look at. Therefore, while trauma is not the focus of this study, it provides a needed

context to understand secondary trauma and will be addressed, although with less breadth and depth than we will give to secondary trauma.

The literature review was done over the course of my graduate studies, and has built over the years that I have been interested in trauma and secondary trauma, largely starting with books that I have read and have been referred to in classes on psychology, pastoral theology, and trauma. When narrowing in on the research topics the databases the library at Claremont School of Theology have been helpful, as well as the connections to other lending facilities through interlibrary loans. The main database, CST WorldCat Discovery, has been used primarily, although when looking for more representation in the literature I have used specialized databases, such as PsycARTICLES, PsychCritiques, Psychology Database and Psych Info. I have used search terms highlighting the various elements of my study, with particular attention to the multiple ways people have referred to secondary trauma, such as vicarious trauma, and even compassion fatigue and burnout. I have searched with these words in conjunction with the professions I am interested in or that have been part of my research, namely teachers, police officers or detectives, foster parents, missionaries, and individuals who have experienced secondary trauma within their personal relationships.

In addition, I have expanded this as I seek to understand the relationship between trauma and secondary trauma, and spirituality, spiritual formation, or pastoral theology. In these cases I would use the CST WorldCat Discovery and ATLA, as well as the other databases I mentioned, to look up trauma or secondary trauma, with one of these other subjects. My research was iterative and one source would lead to another, which would invariably lead me back to the databases for another search. While some areas have been exhausted, such as secondary trauma and teachers, others, such as the topics of trauma or secondary trauma, will never be thoroughly

exhausted, and the goal in these cases has been to reach a saturation point where additional searches would not likely yield new knowledge. In these situations, the challenge has been to select resources that which are rich with information and relevant to my larger context of secondary trauma and spiritual formation.

Trauma

The Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, included Post Traumatic Stress Disorder (PTSD) in its 3rd edition in 1980. While prior to 1980 clinicians may have understood psychological trauma as a factor in individual and group's emotional health, there was no way agreed way to communicate about it, or best practices for how to engage in treatment. Once this was named in the DSM-III there was the ability to notice symptoms and responses specifically for this group of people, to do research, write, develop treatment protocols, and, important for our purposes, the ability to detect the effects of working with people who have experienced trauma and develop theories about a vicarious trauma experience.

One of the first, and most important, books about trauma is Judith Herman's *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror*, and even today this is often the book that people begin with when they begin their learning trajectory about trauma and what recovery might look like. Indeed, it is difficult to overstate the importance of this book. Written from a feminist perspective, Herman, a psychiatrist, does not just seek to define trauma and speak to treatment issues, although she does do this, but chronicles the history of our engagement with trauma, and our tendency to shun the tellers of violent tales, to mask their truth behind the disbelief our cognitive dissonance requires. In the opening of this work, which Herman titles "A Forgotten History," she writes,

To study psychological trauma is to come face to face both with human vulnerability in the natural world and with the capacity for evil in human nature. To study psychosocial trauma means bearing witness to horrible events. When the events are natural disasters or “acts of God,” those who bear witness sympathize readily with the victim. But when the traumatic events are of human design, those who bear witness are caught in the conflict between victim and perpetrator. It is morally impossible to remain neutral in this conflict. The bystander is forced to take sides.

It is very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear, and speak no evil. The victim demands action, engagement, and remembering.²³

While speaking mostly to Western European culture, one comes away from this reading unsure with where to put the information that she offers; even now, there does not seem to be a natural repository for her words. Because of this, and the comprehensive nature of her work, this book was, and remains, important, and pastoral counselor’s Marie Fortune’s words from her book review of *Trauma and Recovery* ring true even 25 years later:

I highly recommend this book for ministers. *But it is imperative that pastoral counselors read this book.* [Italics in the original.] Anyone who presumes to do therapy with victims or survivors of abuse needs to reexamine his or her work through Herman’s lens.

She brings a profound understanding of ethics and theology although these are not her disciplines. Her respect for the crises of faith which accompanies abuse, her acknowledgement of the profound encounter with evil which occurs not only for the victim but also for the therapist, and her willingness to appeal for compassion and courage all indicate her appreciation for the intense spiritual dimensions of trauma.

In her refusal to retreat to “scientific objectivity” or clinical passivity, she challenges all of us to stand with the one who’s self has been taken away...²⁴

In addition to demanding a response from the reader, and asking them to make room for trauma survivors in our communities, Herman also challenges the simplified treatment of PTSD

²³ Judith Herman, *Trauma and Recovery* (New York: Basic Books, 1992), 7-8. Also quoted in Marie Fortune’s review of *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror* by Judith Herman, *Journal of Pastoral Care and Counseling* 47, no. 4 (December 1993): 435-436.

²⁴ Marie Fortune, “Review,” 436.

in the DSM-III, and suggests instead the possibility of a “Complex PTSD” when situations warrant it. Robyn Trippany and Debra Pender, speaking to the importance of complex PTSD in a case study note

Contemporary diagnostic criteria for PTSD were developed largely through observation and description of reactions of people post singular events (Herman, 1995). For individuals like Ellen, this conceptualization is too circumscriptive. Herman’s conceptualization of the traumatic experience (level of captivity, degree of control, and age of onset), includes subsequent adaptation. This adaptation is often characterized by complex symptomatology (excessive somatization, dissociation, and changes of affect), by character traits (pathological relationships, pathological identity formation), and by vulnerability to repeated harm... The CPTSD diagnosis offers a holistic view, encompassing cognitive, affective, behavioral, relational and physical manifestations as acquired adaptations to long-term, unmitigated stress; it captures the long-term pervasive nature of the trauma.²⁵

Trippany and Pender go on to remark on how Herman’s addition to the thinking about trauma is not only more accurate and helpful in diagnosis and treatment, but also offers a more respectful stance toward the person who suffers from CPTSD. Often, absent a diagnostic category that speaks to the unique situation clinicians are presented with, the abuse will almost naturally present in the victim of abuse as a personality disorder, and in women particularly, Borderline Personality Disorder. They write, “The label of BPD, which in the absence of anything better seems the diagnosis that will most likely be chosen for Ellen, has become a catchall for the difficult-to-reach, challenging clients, who present with multiple problems in living and often stretch the limits of stress for the therapist and therapeutic process.”²⁶ BPD often comes with a stigma, implied above, and, rather than being seen as a collection of consequences of complex trauma, is often seen as the willful difficulty of women who tax the

²⁵ Robyn Trippany and Debra Pender, “The Case of Ellen,” in *Beyond the DSM Story: Ethical Quandries, Challenges, and Best Practices*, ed. Karen Eriksen and Victoria E Kress, (Thousand Oaks, CA: Sage Publications, 2005), 182-183.

²⁶ Trippany and Pender, 185.

mental health resources. Herman not only defines the field of trauma studies in her work, but also pushes the field forward, and while she does not let the reader of *Trauma and Recovery* escape without acknowledging the grief and abuse that victims have experienced when trying to author their own stories with truth, she also does not let the field rest with a simple diagnosis of PTSD that does not speak to the complex and comprehensive experience of trauma that some experience, and names herself that this void continues the trauma perpetrated upon them by refusing, again, to see the truth of the trauma in the havoc it wrecks upon their lives. One suspects it is her commitment to feminism that speak loudly here, and her influence on the field of trauma studies continues to unfold, both in how we think about diagnosis and treatment, and in the use of her three stages of recovery that she developed: safety, processing the events in ways that feel safe, and reconnecting with others.

In regards to complex PTSD, however, the new edition of the DSM, DSM-V, still does not include CPTSD, and although current changes acknowledge the comprehensive emotional, interpersonal, and physiological impact complex trauma can leave a person with, and thus make defining it difficult, it seems there is still far to go before clinicians can confidently use the diagnostic text to address the needs of the most traumatized in their practice.

Published in 2013, the authors of the text have become less enchanted with hard definitional lines between disorders over the years, and this edition is remarkable in that it seeks to bring this reality to its categories, introducing a more fluid process that seeks to provide space for the messy but true reality that often comes with mental illness in lived lives. They write

One important aspect of this transition derives from the broad recognition that a too-rigid categorical system does not capture clinical experience or important scientific observations....the boundaries between many disorder “categories are more fluid over the life course than DSM-IV recognized, and many symptoms assigned to a single disorder may occur, at varying levels of severity, in many other disorders. These findings mean that DSM, like other

medical disease classifications, should accommodate ways to introduce dimensional approaches to mental disorders, including dimensions that cut across current categories.²⁷

While this does give more range for identifying PTSD, it also seems kind of awkward, and the benefits might take years of use before they are readily experienced. PTSD has been moved out of the “anxiety” section – there has been growing awareness that PTSD doesn’t always include anxiety symptoms, and may in fact be recognized by dissociation – and into its own grouping, “Trauma- and Stressor-Related Disorders,” and it’s placement within the DSM “reflects the close relationship between these diagnoses and disorders in the surrounding chapters on anxiety disorders, obsessive-compulsive and related disorders, and dissociative disorders.”²⁸ This introduction to the section speaks to the growing edges of clinical trauma studies, and the new understanding is marked by the absence previous requirements of an emotional reaction that almost seems a stereotypical response to trauma, horror or helplessness. Much like the grieving family member who isn’t “crying enough” to show their grief, previous DSM editions included the emotional presence of horror, fear, or helplessness in its primary criteria. Now, it simply states, “Exposure to actual or threatened death, serious injury, or sexual violence...”²⁹ and the person is left to experience the event in whatever authentic way that occurs for them, rather than rearranging their emotional experiences in the face of trauma to better fit the diagnosis in the clinical space, which then might be more likely to lead to an insurance authorization of payment for treatment, which is key for most people experiencing trauma, especially when we consider that experiences of trauma are correlated with poverty.

²⁷ Diagnostic and Statistical Manual of Mental Disorders, 5th edition (Washington DC: American Psychiatric Publishing, 2013), 5.

²⁸ DSM-V, 265.

²⁹ DSM-V, 271.

However, while the authors of the DSM have identified a need to broaden the category, there are still challenges for those experiencing CPTSD in that symptoms that might indicate this complexity are largely absent. Dr. James Phillips, writing for the *Psychiatric Times*, observes

...where in the manual are these symptoms? They get a one-sentence mention in the PTSD text but do not appear in the diagnostic criteria. Nor are they mentioned in the criteria or discussion section of either other specified trauma- and stressor-related disorder or unspecified trauma- and stressor- related disorder, in either of which we might expect them to appear. But finally, depression and aggression show up in reactive attachment disorder, another of the stress disorders. The problem is that this is defined as a diagnosis of children. We must conclude, therefore, that DSM-5 has hinted at symptoms of complex PTSD, but in the end has left them out of the manual. DSM-5 continues to opt for a universal reaction to stress, as presented in the diagnostic criteria.³⁰

Although we are getting better at acknowledging psychological trauma exists, we are still in the infancy stages at defining it or providing a diagnostic category that is helpful for individuals and families struggling with trauma, and not just for the insurance companies who need a diagnosis to pay the bill.

Another important person in the field of trauma studies, and writing alongside Judith Herman, is Bessel van der Kolk. One of his first books, *Psychological Trauma*, was written in 1987, just seven years after DSM inclusion of PTSD and before Judith Herman's book *Trauma and Recovery*. Herman and van der Kolk often reference each other, and, like Herman, van der Kolk challenges the DSM's category of PTSD, also believing that the lone PTSD designator is too simple for more complicated cases of trauma, although in his case his research has made him question the effects trauma has when it occurs during the key development states in childhood. Because children are in a state of learning and growing that is unique to the rest of the developmental tasks they will engage in during their lives, the consequences of trauma, and the

³⁰ James Phillips, "PTSD in DSM-5: Understanding the Changes," *Psychiatric Times*, September 15, 2015, <http://www.psychiatrictimes.com/ptsd/ptsd-dsm-5-understanding-changes>.

way it manifests, look different for children, and often instead of being diagnosed with a trauma disorder they are labeled with disorders that have a certain stigma attached to them, like “oppositional defiance disorder” or “disruptive mood regulation disorder,”³¹ or more.³² In a letter the National Child Traumatic Stress Network, an advocacy group initiated in 2001 to promote the study and treatment of trauma in children, wrote seeking to advocate for a new diagnoses that would take into account this specific form of trauma, they note that

In the absence of a sensitive trauma-specific diagnosis, such children are currently diagnosed with an average of 3-8 co-morbid disorders. The continued practice of applying multiple distinct co-morbid diagnoses to traumatized children has grave consequences: it defies parsimony, obscures etiological clarity, and runs the danger of relegating treatment and intervention to a small aspect of the child’s psychopathology rather than promoting a comprehensive treatment approach.³³

The disorder the group was advocating be included in the DSM, Developmental Traumatic Disorder (DTD), still has not been included in the DSM as of the last edition in 2013.

While van der Kolk is still speaking powerfully about the need for a DTD category in the DSM, his other focus is on the ways that traumatic events affect us in ways that go beyond emotional or mental boundaries. Suggested by his book title *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma* (2015), van der Kolk, along with Peter Levine, have

³¹ Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Viking, 2014), 157.

³² This dynamic is similar to the situation mentioned previously regarding “complex PTSD,” and the need for proper trauma diagnosis that will keep manifestations of symptoms under the same diagnostic context rather than using multiple labels, such as Borderline Personality Disorder, which also has a stigma attached, follows someone for years in their medical files, and predominantly affects women. Children may be diagnosed with “oppositional defiance disorder” as a way to get treatment when a diagnosis of PTSD is not readily understood due to children’s inability to speak their narrative, but the consequences of a diagnosis of ODD will follow them in the same ways that BPD will follow women. A more respectful and non-pathologizing stance is to diagnosis them with a disorder that points to what their context in life has been, not the trouble they are causing others. van der Kolk, 149-168.

³³ van der Kolk, 159.

helped open up the field of psychology in general, and the field of trauma studies specifically, to understandings of how interconnected the brain, body, and emotional systems are, and how healing must include all aspects of the human being. This has paralleled the growing advancements in neuroscience since the 1990s,³⁴ the “The Decade of the Brain,” and has for many been a paradigm shift in how we conceptualize the human experience. Van der Kolk writes,

Since the 1990s brain-imaging tools have started to show us what actually happens inside the brains of traumatized people. This has proven essential to understanding the damage inflicted by trauma and had guided us to formulate entirely new avenues of repair.

We have also begun to understand how overwhelming experiences affect our innermost sensations and our relationship to our physical reality – the core of who we are. We have learned that trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present.

Van der Kolk continues to re-present this awareness through his writing, advocacy work, and as founder of the Trauma Center, which provides “comprehensive services to traumatized children and adults and their families at Brookline,” their facility in Massachusetts, training to clinicians who desire certification in trauma recovery, and facilitates research studies “on traumatic memory and how treatment effects survivors’ minds, bodies and brains.”³⁵ This comprehensive focus is not only illustrated at the clinic he founded, but in his writings, which cover both theory and practice.

Peter Levine has also been active in both theory and practice, and in fact has developed a specific type of therapy called Somatic Experiencing, which specifically focuses on the physiological areas of trauma. In his earlier book, *Walking with the Tiger* in 1997, Levine uses

³⁴ van der Kolk, 21.

³⁵ “About Us,” Trauma Center at Justice Resource Institute, accessed October 30, 2017, http://www.traumacenter.org/about/about_landing.php.

his knowledge of how animals deal with trauma to how we as humans also might engage with trauma, how it might linger with us, and how we might be able to heal. *Trauma and Memory: Brain and Body in a Search for the Living Past*, written in 2015, he looks at explicit and implicit memory in the process of trauma memories, which are processed differently than other memories.

While it may seem extraneous to consider some of these aspects of trauma – we are not going to be treating children who have experienced trauma, for instance – the importance lies in understanding that the field is complex, changing, and that there are few givens in trauma studies. We are still coming to understand the psychological and neuro-physiological dynamics, and how inter-dependent both areas truly are seems to be where the information is converging, not to mention how this all impacts our understanding of how this affects spirituality. In addition, while we are not dealing with children, some of the participants in the study are, and understanding how developmental trauma, or complex PTSD, is addressed clinically will help us to understand them more.

Secondary Trauma

Dynamics like secondary trauma begin to be seen in the early literature not necessarily as a response to trauma, but merely as a therapist's own internal response to the client and what the client brings to the clinical relationship, a dynamic known as countertransference. Initial writings describing the convergence of trauma and its contagious nature could only truly begin after PTSD was recognized as a specific set of symptoms and named as a diagnosis in the DSM, which happened in 1980. With this group of trauma survivors defined, therapists and others could note specific symptoms that arose when they were working with this population. Work around secondary trauma, compassion fatigue, burnout, and vicarious trauma began to surface in

the mid-nineties and included *Countertransference in the Treatment of PTSD* (1994), by Wilson and Lindy; *Compassion Fatigue* (1995) by Figg; *Secondary Traumatic Stress* (1995), by Stamm; and *Trauma and the Therapist* (1995), by Pearlman and Saakvitne.³⁶

In these early texts the authors continue to use the psychoanalytic themes of countertransference to speak to the issue, locating the trauma connection in the psyche of the clinician, although with the work of Figley the environment the therapist is working in begins to become more relevant. More recent texts, however, draw on different types of psychological orientations, as well as bringing into the conversation knowledge we have gained in the past few decades about wellness in general, community health, and neurophysiological factors. The result is a more adaptive approach that seeks to help the clinician – for these books are still largely written with the therapist in mind – make changes in their lives in all of the various areas that change can take place.

Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others by Laura van Dernoot Lipsky is one such book that takes a holistic approach to trauma care, beginning with her comprehensive definition, trauma exposure. She writes,

Generally speaking, a trauma exposure response may be defined as the transformation that takes place within us as a result of exposure to the suffering of other living beings or the planet. This transformation can result from deliberate or inadvertent exposure, formal or informal contact, paid or volunteer work. When we refer to trauma exposure response, we are talking about the ways in which the world looks and feels like a different place to you as a result of your doing your work.³⁷

This definition, then, holds space for secondary trauma, vicarious trauma, compassion fatigue

³⁶ Rothschild, 12-15.

³⁷ Laura van Dernoot Lipsky with Connie Burk *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* (San Francisco: Berrett-Koehler Publishers, Inc., 2009), 41.

and even burnout. In addition, as her definition extends out to all of creation, it is one that embodies the holistic approach she advocates in her writing. This wide approach is helpful, as there is still not consensus among the publications for the various terms burn-out, compassion fatigue, vicarious trauma, and secondary trauma. Babette Rothschild, author of *Help for the Helper: Self-Care Strategies for Managing Burnout and Stress*, writes about the way the terms have been used, noting that “there has been some professional confusion about how, exactly, to use and distinguish the four terms: *burnout*, *secondary traumatization*, *vicarious traumatization*, and *compassion fatigue*. They have are often used rather interchangeably in therapist literature and discussion.”³⁸

Rothschild then goes on to define the four terms for use within her own work, but as she points out above, others use different definitions. For example, whereas Rothschild defines burnout as being “reserved for an extreme circumstance,” and writes that it “describes anyone whose health is suffering or whose outlook on life has turned negative because of the impact or overload of their work,”³⁹ Françoise Mathieu in *The Compassion Fatigue Workbook* defines burnout as having to do with “the stress and frustration caused by the workplace: having poor pay, unrealistic demands, heavy workload, heavy shifts, poor management, and inadequate supervision...”⁴⁰ Mathieu reserves the term for a change in outlook, which Rothschild states is due to burnout, for vicarious trauma, which for Mathieu is “the transformation of our view of the world due to the cumulative exposure to traumatic images or stories.”⁴¹ For Rothschild vicarious trauma is the term used for “psychotherapists impacted by working with traumatized individuals

³⁸ Rothschild, 13.

³⁹ Rothschild, 14.

⁴⁰ Françoise Mathieu, *The Compassion Fatigue Workbook: Creative Tools for Transforming Compassion Fatigue and Vicarious Traumatization* (New York: Routledge, 2012), 14.

⁴¹ Mathieu, 14.

in their workplaces,”⁴² and she understands secondary trauma to apply to “close family members and close associates who may suffer from their loved one’s trauma as a result of the closeness of their relationship,” such as “the spouse of a rape victim.”⁴³ For Mathieu secondary trauma is “the result of bearing witness to a traumatic event...which can lead to PTSD-like symptoms...”⁴⁴ which matches with Rothschild’s vicarious trauma.

As this can be confusing, van Dernoot Lipsky’s definition for trauma exposure will be the one I will use for the state of experiencing consequences due to bearing witness to trauma, and will secondary trauma and trauma exposure interchangeably.

In her book, Van Dernoot Lipsky begins by taking the reader through the needed basic information about trauma and trauma exposure, and then she frames care within concepts of change through orientation to grounding elements in self, community and creation, and on the way, rather than being at the mercy of trauma, charts a course that allows us to become stewards of trauma. She writes, “The essence of the trauma stewardship approach is to cultivate the quality of being present, both to events of our lives and for others and our planet. This most important step on the path to trauma stewardship is the same one that is said, in some traditions, to lead to full enlightenment.”⁴⁵ She encourages us to follow the traditional orientations of north, south, east and west, cultivating in each direction a map for continual self-care that will ground us and allow individuals and communities to care in a way that is more aligned with the reasons people often go into work that includes trauma exposure, such as being called to witness and partner in healing and restoration.

⁴² Rothschild, 15.

⁴³ Rothschild, 14.

⁴⁴ Mathieu, 14.

⁴⁵ van Dernoot Lipsky, 117.

A workbook, *The Compassion Fatigue Workbook* by Françoise Mathieu, follows in the same vein as *Transforming the Pain*, which was written to accompany Saakvitne and Pearlman's book *Trauma and the Therapist*. While the title indicates the book is about compassion fatigue, it uses references to other works on secondary trauma, vicarious trauma, and burnout, even using the definition of trauma in its pages from van Dernoot Lipsky. While helpful, this text is workbook in nature and draws on other resources, almost an amalgamation of the various informational sources available, and doesn't yield the same comprehensive approach to care that other texts provide.

Written before either of these works, and focusing on psychophysiology, Babette Rothchild's *Help for the Helper: Self-Care Strategies for Managing Burnout and Stress* approaches the subject in a unique way and is the first to offer the facet of the intersection of psychophysiology and neurology to the topic of trauma exposure. In her text, which follows other works highlighting the imperative to consider the physical and neurological aspects of our personhood when also considering the psychological, especially in trauma care, she carefully teaches the reader elements of neurophysiology and how they impact our selves when we are in close contact with individuals or groups who carry trauma responses in their being. In addition to education, she provides examples of what this looks like in a clinical environment, when actively providing care for another, and ways, both micro and macro, that seek to raise awareness and offer spaces of choice in one's day that allows for a more grounded response, in a neurophysiological sense, which impacts our experience of trauma exposure. While narrow in its focus, the reader leaves this text knowing that any response to trauma exposure is incomplete unless it includes the insights found in this book.

As mentioned earlier, the treatment of secondary trauma is most often found in relation to clinical situations, and inquiry into other roles that also involve trauma exposure has not been as comprehensive. While in many ways we can generalize what we know about secondary trauma into non-clinical areas, every context is unique enough that specialized focus is beneficial in understanding how the individuals or groups in question have been affected, in what areas they are most impacted, and what the unique insights will provide support for that population. In the research study I am discussing in this dissertation, several different types of people who have experienced trauma exposure were involved – detectives who have spent years in the sex crimes unit of the LAPD, a high school teacher who has worked in a high crime/low income area, foster parents caring for children who have experienced varying degrees of developmental trauma, a woman who has experienced trauma exposure due to abuse that has occurred in her family, a man whose ministry involves work with individuals who are homeless, as well co-facilitating a monthly group at a local prison that supports men who have committed homicide, and, finally, a woman who spent years outside of the US working as a missionary and who was on the ground in the Middle East during the beginning days of the Arab Spring. These various experiences all have trauma exposure in common, but they are also very different and intersect with trauma exposure in different ways.

Police officers highlight the importance of looking at each profession and how these individuals uniquely respond to secondary trauma as there are a number of trauma situations they come into contact with in their work. The concurrent and cumulative nature of the trauma they encounter affect how they experience the portions that might be defined as secondary trauma, but would likely fit into the larger definition of trauma exposure. Unlike many other professions, police officers experience anticipatory trauma as they are in the field, not knowing what to

expect but having to adopt a stance of hypervigilence to keep themselves and other safe. If they do encounter trauma, it might be primary trauma, where they are directly in danger or are involved in a dangerous situation involving others, or secondary trauma, where they come into contact with someone who has recently or in the past experienced trauma that they then relate to the officer.

The toll that these various manifestations of trauma can take on those in the field and their families, and self-care practices that can help them, are detailed in Kevin M. Gilmartin's book, *Emotional Survival for Law Enforcement: A Guide for Officers and Their Families*. Gilmartin calls our attention to the need to be aware of the impact of trauma on law enforcement by citing death rates of police officers, specifically the difference between deaths in the field and death by suicide.

Although in many ways officers are winning the battle of street survival, they appear to be fatally losing the battle of emotional survival. An average of sixty-nine law enforcement officers died feloniously in the United States each year during the 1990s, but according to the National P.O.L.I.C.E Suicide Foundation, police suicides averaged more than 300 per year during that same decade – more than *four times* the felony death rate (G. Fields, "Suicide on the Force," *USA Today*, June 1, 1999, p. 1A).⁴⁶

Gilmartin goes on to point out that this rate puts their risk of suicide at three times as the national average, which is even more striking when we consider that prior to entering this work most law enforcement agencies require psychological testing to detect any preexisting psychological symptoms or diagnosis that might impact their work in a negative way, so that statistics concerning law enforcement personnel are likely to involve less people who might be prone to suicide than the national statistics.⁴⁷ This information indicates that the real threat to

⁴⁶ Kevin M. Gilmartin, *Emotional Survival for Law Enforcement: A Guide for Officers and Their Families* (Tucson, AZ: E-S Press, 2002), 9.

⁴⁷ Gilmartin, 10.

officers and their families is not in the work itself, but in the consequences of the work, something that might be harder for us to understand and address as a society as we come to terms with the truth that the harm they are experiencing cannot be placed upon one criminal who shoots an officer, but upon the experiences of the officers in their daily work in service to many of us in society.

While Gilmartin makes a case for being aware of this dynamic in the opening chapters of his book, his real interest is in helping officers in the field, of which he was one, and their loved ones, and he spends most of his energy in the book helping individuals become aware of the effects of their work on their lives. Focusing on issues of the culture of policing, hypervigilism, external vs internal locus of control, and the physiological effects of working in a high-stimulation context all day and then coming home in the evening, and the physiological and emotional “crash” that often follows, Gilmartin addresses the experiences of police work in order to raise awareness about the consequences. Towards the end of his text he speaks to emotional and structural changes that provide more distance from one’s work, and allow more room for an emotional life outside of this demanding work.

Also taking a comprehensive approach to trauma and police work, Konstantinos Papazoglou presents a conceptual model to consider these dynamics, Police Complex Spiral Trauma (PCST), in his article, “Conceptualizing Police Complex Spiral Trauma and its Applications in the Police Field.” Like Gilmartin, Papazoglou considers trauma within the culture of police work, the psychology of the individual, and the physiological and neurological realities of trauma’s effects, but he also looks at the sociocultural aspects of policing, such as how facets such as gender, ethnicity and sexual orientation effect how people experience police trauma, and considers the long-term cumulative effects of the work on individuals. Because of

this, Papazoglou writes that “we do not only consider police trauma as a complex form of trauma but we also perceive it through the ecological context of the police culture.”⁴⁸ The model of the PCST allows the complexity and comprehension that he desires, as it can account for the various types of trauma he names, anticipatory, primary and secondary, the specific areas of cultural context the individuals might exist within, and the time in which they experience the trauma, whether daily or over the course of a long career.⁴⁹ The spiral considers time, tension and frequency of trauma experiences, and is a flexible model that represents the variables involved. Papazoglou writes,

...its shape constitutes an accurate representation of the complexity and the long-term character of the police trauma that extends its impact through officers' long-term career. The length of the spiral may represent police officers' total time serving in their agency and the width of the spiral might symbolize the tension of the traumatic experiences that officers have to face on an almost daily basis. Also, the density of the spiral may symbolize the number of the traumatic events to which a police officer has been exposed to or anticipates being exposed to while on duty (frequency). In addition, each spiral ring might represent every single police officer's exposure to a particular traumatic event.⁵⁰

This model provides a way to visualize the effects of police trauma, in both general and specific contexts, that words alone often fail to offer.

As secondary trauma and law enforcement, awareness of secondary trauma and how it affects foster parents, and adoptive parents of foster children, is in the early stages, and even extending a text search to general topics of trauma and foster parents help little to generate more literature. Early considerations of foster parents and the children they care for focus largely on

⁴⁸ Konstantinos Papazoglou, “Conceptualizing Police Complex Spiral Trauma and its Applications in the Police Field,” *Traumatology* 19, no. 3 (2012): 202.

⁴⁹ Papazoglou points out that many law enforcement professionals experience trauma almost daily for 20+ years, as 20 years is often minimum time required for retirement benefits. Papazoglou, 202.

⁵⁰ Papazoglou, 202.

how to help foster parents care for the children more effectively in order to reduce placement disruption and facilitate a more secure environment for the children in question. In an early article, from 1994, entitled ‘Psychoeducational Groups with Foster Parents of Sexually Abused Children,’ the authors note the difficulties that foster parenting entail, particularly when it involves children who have experienced sexual abuse. Unfortunately, as many of the children who enter into the foster care system have experienced sexual abuse, these difficulties are prevalent. In this article the authors detail a psycho-educational group they facilitated for foster parents, involving relatives, who were acting as foster parents, and non-relatives, that was designed to educate foster parents on the consequences of sexual abuse that manifest in the symptoms and behaviors of their foster children and also offer a supportive environment where foster parents could be in community.

While the term “secondary trauma” was used only to refer to trauma that foster children might experience in being prematurely moved to another home (as in an ancillary trauma resulting as a partner to the primary trauma which resulted in the initial removal from the home), evidence of foster parents’ trauma exposure is sprinkled throughout the article. The authors note that the foster parents were “feeling overwhelmed and anxious about their foster children, so discussion of specific behaviors lessened the anxiety and gave the parents a sense that the class would meet their needs,”⁵¹ and that sometimes “the participants’ anxiety was so high that they were unable to adhere to the group structure,”⁵² even though the purpose of the structure was specifically meant to address the anxiety of the group. In addition, the authors mention that during the process portion of the group involving “intergenerational dynamics of abuse” many of

⁵¹ Richard P. Barth, Joanne Yeaton, and Nanette Winterfelt, “Psychoeducational Groups with Foster Parents of Sexually Abused Children,” *Child and Adolescent Social Work Journal* 11, no 5 (1994): 408-409.

⁵² Barth, Yeaton, and Winterfelt, “Psychoeducational Groups,” 411.

the participants had shared that they too had been sexually abuse as a child. As primary trauma is indicative of a susceptibility to secondary trauma, we also see that these individuals might have been more at risk to the harmful effects of secondary trauma than their peers.

As this article was written in 1994, when information about trauma itself, not to mention secondary trauma, was just beginning to be disseminated, it is not surprising that there is no explicit mention of how the trauma the foster children experienced might affect their caretakers, although we can see secondary trauma in the descriptions of the foster parents reactions. In an article with similar goals from 2011 we can see how trauma-informed care is pervasive across the care spectrum and how symptoms that were only intimated in the article mentioned above become complete topics of identification and care unto themselves. Detailing collaborative work done by the National Child Traumatic Stress Network, the article, “Promising Practices and Strategies for Using Trauma-Informed Child Welfare Practice to Improve Foster Care Placement Stability: A Breakthrough Series Collaborative,” provides a model of comprehensive, trauma-informed, care throughout the community of those impacted by the trauma that brings someone to the foster care system. This collaboration was engaged in to address the often faced reality that “...few child welfare agencies across the nation integrate trauma knowledge into their practices, policy, training, performance standards, or assessment and have evidence-based trauma-specific interventions available in their community or their service continuum...,”⁵³ and the article provides information on how to engage in trauma-informed care throughout the continuum, including foster parents. While the majority of references to foster parents are in the same context as the article above, and thus seek to provide foster parents with information about

⁵³ Lisa Conradi, et al., “Promising Practices and Strategies for Using Trauma-Informed Child Welfare Practice to Improve Foster Care Placement Stability: A Breakthrough Series Collaborative,” *Child Welfare* 90, no. 6 (2011): 208.

trauma-informed care in order to better provide a home for abused children, secondary trauma itself was mentioned, and in detailing future steps needed the article specifically mentions “...addressing secondary trauma among caseworkers and foster parents.”⁵⁴

One of the few resources to focus on the needs of the foster parents themselves is a chapter written by James Dumesnil and entitled, “The Contagion of Trauma: Exploring Attachment through the Book *Love Lessons*,” in the book *Identifying, Treating, and Preventing Childhood Trauma in Rural Communities* written in 2007. Taking a case study approach, Dumesnil speaks to the consequences of secondary trauma on families who have adopted a child who has experienced trauma and/or neglect while highlighting an autobiography, *Love Lessons*, written by a mother struggling to adjust to all that is involved in parenting her adoptive child. Through the autobiographical text, we see how painful this situation is for adoptive parents who become parents to children who have experienced trauma and are unable to form secure attachment relationships with their parents. And, as mentioned prior, previous trauma often become sensitive areas that secondary trauma can rest within, activating spaces within parents where wounds are still sensitive to touch. Dumesnil reflects on this dynamic, and, when this is the case, recommends therapy for the parent which not only focuses on the challenges of parenting an adoptive child who has experienced trauma, but also on thoroughly investigating one’s own trauma in search of healing.

When looking at the research on teachers who might experience secondary trauma from working with students who have experienced trauma, the research seems to focus on teachers and support staff who teach or work with children in school settings where there are high levels of trauma, such as treatment center or juvenile detention center, or who are with children after a

⁵⁴ Conradi, et al., 224.

particularly traumatic event in the community. Research and writings which focus on specific settings, such as “An Assessment of Secondary Traumatic Stress in Juvenile Justice Education Workers,”⁵⁵ which looks at the experience of teachers within a juvenile correction facility, or an article by Lyn Lucas, “The Pain of Attachment – “You Have to Put a Little Wedge in There,” reflect on the experiences of teachers and care givers who are serving in places that exist to serve the needs of children who for some reason or another have experienced trauma. Lucas’ article highlights La Casa, an AIDS service center and a “child and youth residential program [which] provides services for those who are HIV-affected, exposed, or diagnosed” and also provides residential services for children whose parents are unable to care for them due to incarceration or inpatient substance abuse treatment.⁵⁶ Lucas features the experiences of the teachers and staff who work at the facility, and their struggles with becoming attached to children who have experienced trauma. While she notes several positive aspects of working with these children, she also notes the difficulty involved when caring for children who have experienced trauma, and are part of a system that is often defined by chaos and grief, such as is often the case when working with families who are struggling with issues of AIDS, incarceration or substance abuse.

This is especially difficult within this setting as these children in particular may have higher need for an environment and caregivers who can facilitate a secure attachment, as this may not have been available to them from the families they spent their early years with. However, the space of attachment requires two people, at least, and as the teachers over time experience the pain and grief that come with attaching to someone who has a history of trauma

⁵⁵Schnavia Smith Hatcher, et al., “An Assessment of Secondary Traumatic Stress in Juvenile Justice Education Workers,” *Journal of Correctional Health Care* 17, no. 3 (2011): 208-217.

⁵⁶Lyn Lucas, “The Pain of Attachment – “You Have to Put a Little Wedge in There” *Childhood Education* 84, no. 2 (2007/2008): 85.

they find themselves pulling back, giving less of themselves in the hopes of avoiding the potential pain that comes with their work. Lucas writes that teachers are “fearful of the attachment that is likely to form when desperately needy children enter the program. This fear is grounded in hurt lingering from previous losses when children leave the program.”⁵⁷ Other coping responses include “leaving or considering leaving their jobs, and becoming less motivated.”⁵⁸

Another group of articles focuses on the experiences of teachers in response to working with children after a traumatic event, such as an earthquake⁵⁹ or violence due to war and civil strife.⁶⁰ These teachers also experience secondary trauma, but their experiences when trauma is considered within a context and time specific event tend to still remain outside of their day-to-day expectations, and not indicative of ongoing secondary trauma within a work environment. Reflecting on teachers’ trauma exposure when they are within a standard school, and part of the daily work they engage in, may be different.

But, as with the other areas, research is beginning to address this need, either directly or indirectly. In these reports teachers share many of the same experiences as in other fields, such as dread upon anticipation of emotional pain in her students,⁶¹ a child’s trauma reminding the

⁵⁷ Lucas, 87.

⁵⁸ Lucas, 87.

⁵⁹ Rony Berger, Hisham Abu-Raiya, and Joy Benatov, “Reducing Primary and Secondary Traumatic Stress Symptoms Among Educators by Training Them to Deliver a Resiliency Program (ERASE-Stress) Following the Christchurch Earthquake in New Zealand,” *American Journal of Orthopsychiatry* v86, no. 2 (2016): 236-251; Di Long and Yuk-Lin Renita Wong, “Time Bound: The Timescape of Secondary Trauma of Surviving Teachers of the Wenchuan Earthquake,” *American Journal of Orthopsychiatry* 82, no. 2 (2012): 241-250.

⁶⁰ Lisseth Rojas-Flores et al., “Exposure to Violence, Posttraumatic Stress, and Burnout Among Teachers in El Salvador: Testing a Meditational Model” *International Perspectives in Psychology: Research, Practice, Consultation* 4, no. 2 (2015): 98-110.

⁶¹ Eva Alisic, “Teachers’ Perspectives on Providing Support to Children After Trauma: A Qualitative Study,” *School Psychology Quarterly* 27, no. 1 (2012): 56.

teacher of their earlier trauma,⁶² and the need to share the experiences in community.⁶³ Still other research recognizes the presence of children who have experienced trauma and who are educated in the public school system and seeks to bring a trauma-informed approach to working with them,⁶⁴ and as such is indirectly becoming more aware of them, much like the dynamic in the article by Conradi et al which detailed the need for comprehensive and trauma-informed care within the foster system, which would also necessarily, in time, look at the reality of secondary trauma among the educators who work with youth.

Prison volunteers who experience secondary trauma is another category of inquiry, and, not surprisingly, there is little in the research about prison volunteers specifically, although much of what we have noted for other groups can also be considered for them. However, in the book *The Voluntary Sector in Prisons: Encouraging Personal and Institutional Change* there is chapter devoted to self-care and secondary trauma for volunteers. The chapter begins citing the need to offer this work,

Indeed, compassion fatigue is all too real for volunteer writing teachers who encounter difficult disclosures of violence, rape, and loss week after week. While self-care is a regular component of social work and counseling training and a practice that social service organizations (e.g., hospice, child advocacy, elder care) encourage, it is less common to talk about in conjunction with literacy outreach programs behind bars,⁶⁵

and goes on to detail the program that was developed to meet this need. As the program was

⁶² Alisic, “Teachers’ Perspectives,” 57.

⁶³ Alisic, “Teachers’ Perspectives,” 57.

⁶⁴ Cheryl Holmes, et al., “A Model for Creating a Supportive Trauma-Informed Culture for Children in Preschool Settings,” *Journal of Child and Family Studies* 24, no. 6 (2015): 1650-1659; Elizabeth M. Anderson, Lisa V. Blitz, and Monique Saastamoinen, “Exploring a School-University Model for Professional Development With Classroom Staff: Teaching Trauma-Informed Approaches,” *School Community Journal* 25, no. 2 (2015): 113-134.

⁶⁵ Tobi Jacobi and Lara Rose Roberts, “Developing Support and Self-Care Strategies for Volunteers in a Prison Writing Program” in *The Voluntary Sector in Prisons: Encouraging Personal and Institutional Change*, edited by Laura S. Abrams, et al. (New York: Palgrave MacMillan, 2016), 331.

developed via participant action research, interviews were done to determine what support volunteers needed and suggestions to go about this. While many approaches to self-care were identified and acted upon, the writing based self-care plan was developed to provide a resource that is self-directed and private,⁶⁶ and seek to offer points of reflection through a narrative process.

Spiritual Formation

As we begin to review the relevant materials in spiritual formation, pastoral theology and practical theology, it is helpful to return again to some definitions laid out in the previous chapter. When we speak of spirituality, Sandra Schneiders brief definition holds the space we are considering, “Spirituality as lived experience can be defined as conscious involvement in the project of life integration through self-transcendence toward the ultimate value one perceives,”⁶⁷ and spiritual formation speaks to the journey that we engage in as we do the work of spirituality. It is not a once-traveled road, nor is there a certain endpoint, at least one that I know of, but a relational experience of movement that is interdependently inward and outward, simultaneously and/or in intervals. But process is a key focus in this understanding.

And compassion can be understood to be one of the primarily guideposts in these travels. As this word is often used in our common vernacular, it is helpful to note how it is used in this study, and what it is not. Within the work here, and the compassion curriculum I will discuss momentarily, compassion is “simply being moved in our depths by another’s experience and responding in ways that intend either to ease the suffering or to promote the flourishing within

⁶⁶ Jacobi and Roberts, 350.

⁶⁷ Schneiders, 1.

that person.”⁶⁸ This implies a joining with another’s experience of life in a way that involves all levels of our being. We are literally moved by compassion, and the words we use today for compassion derive from ancient languages that implied a direct connection with this physical invitation. When speaking of God’s compassion in the Hebrew scriptures the word *rechemim* is used, which is cognate with “*rechem*, meaning womb,”⁶⁹ and the Greek term for the relationship that God calls us to enter into with one another in the New Testament, *splanghna* means “‘viscera’ or ‘entrails.’”⁷⁰ This word is especially used in reference to Jesus and his actions, and “the Song of Zechariah seems to refer to Jesus himself as the ‘compassion’ of our God...”⁷¹ Compassion is a state of resonance with another person, where our experience of life becomes more in tune with theirs, within a space of tender love which invites us to treat their well-being as important as our own, or our loved ones’.

Compassion, then, holds a special place, and is understood to be different than other concepts that are often used interchangeably with compassion. Specifically,

Compassion needs to be distinguished from ‘empathy’...which is merely a cognitive state...from pity (we may pity someone but choose not to help them) and from mercy (which implies a power relation – we may feel compassion for those to whom we cannot show mercy, for sound practical reasons, as when a judge feels obliged to impose a strict sentence on a young offender from a poor background as a deterrent to others).⁷²

While empathy, pity and mercy may all be a part of some experiences of compassion, they all miss some essential component of the holistic experience and generative connectivity that compassion calls us to join. As such, compassion as a spiritual principle is held by many world

⁶⁸ Frank Rogers, Jr., *Practicing Compassion* (Nashville, TN: Upper Room Books, 2015), 23.

⁶⁹ Oliver Davies, “Compassion,” in *The New Westminster Dictionary of Christian Spirituality*, ed. Philip Sheldrake (Louisville, KY: Westminster John Knox Press, 2005), 205.

⁷⁰ Davies, 205.

⁷¹ Davies, 205.

⁷² Davies, 205.

religions, as religious scholar Karen Armstrong writes in the beginning of her book on compassion, *Twelve Steps to a Compassionate Life*:

All faiths insist that compassion is the test of true spirituality and that it brings us into relation with the transcendence we call God, Brahman, Nirvana, or Dao. Each has formulated its own version of what is sometimes called the Golden Rule, “Do not treat others as you would not like them to treat you,” or in its positive form, “Always treat others as you would wish to be treated yourself.” Further, they all insist that you cannot confine your benevolence to your own group; you must have concern for everybody – even your enemies.⁷³

Compassion, then, holds a special place within the spiritual journey, and it is worth considering how this component of spirituality might influence one’s experience of trauma or secondary trauma.

Current compassion cultivation programs seem to be often born in the intersection of psychology and Western Buddhism, especially as we come to know more about mindfulness and how it can offer a training space for a less-reactive life, and at the leading edge of this research and writing are three people who often work together and refer to each other’s work: Paul Gilbert, Kristin Neff, and Chris Germer. Paul Gilbert, a psychologist and professor at the University of Derby in the UK, is largely responsible for developing Compassion Focused Therapy (CFT), which evolved during his own engagement with Buddhism, his research on self-criticism and shame, and work as a clinician with clients and as a professor with students. CFT has foundations in evolutionary psychology, cognitive behavior therapy, our physical and neurological realities, as well as the existential reality that life involves suffering, and at the very

⁷³ Karen Armstrong, *Twelve Steps to a Compassionate Life* (New York: Anchor Books, 2010), 3.

least is often just difficult; and while these areas of focus are foundational, Gilbert also writes about its “heavy borrowing from Buddhist influences.”⁷⁴ He continues,

For over 2500 years Buddhism has focused on compassion and mindfulness as central to enlightenment and “healing our mind”...We now know that the practice of various aspects of compassion increases well-being and affects the brain functioning, especially in areas of emotional regulation.”⁷⁵

While Gilbert is speaking directly about CFT, this is a broader movement he is referring to, and as we begin to understand the links between compassion and well being, psychological modalities are looking to compassion, a central focus of the world’s religions and spiritualities for centuries, to understand what this might mean outside of the religious and spiritual paradigm, what the various aspects that are part of a compassionate life actually entail, and how we might offer this to people as a way of coping with their own psychological suffering. This is the work Gilbert, Neff and Germer are developing, each in their own ways.

While not a complete system of treatment, CFT is a way of focusing therapy on self-compassion given the difficulties of our lives, and utilizes psycho-education and meditation practices to encourage clients to consider the peculiar difficulties of being a human in this evolutionary space in time – often teaching them about the “old brain” which knew either fight, flight or freeze as the optimal choices to deal with a physical threat, and the “new brain” in the pre-frontal cortex that is aware of all the threats we face, in all the forms from physical threats to social threats to emotional threats, and continues to linger on the possibilities of these threats long after the acute danger has passed – and how this just makes life challenging for all of us. Knowing that our affect-regulation system, when slowed down, can offer an experience of soothing and compassion, CFT helps people to engage this system when they need to, and over

⁷⁴ Paul Gilbert, *Compassion Focused Therapy: Distinctive Features* (New York: Routledge), 10.

⁷⁵ Gilbert, 10.

time develop an internal response that is kinder, and which can engage their own attachment system in helpful ways that increase the self-compassion practitioners experience. In this way, people learn about the unique challenges they experience in a non-shaming way, and learn to be with themselves and their experiences from a compassionate stance that offers a healing internal experience. Gilbert writes about this approach in several books, including *The Compassionate Mind* (2009), *Compassion Focused Therapy* (2010) and, with Choden, a Buddhist monk, *Mindful Compassion* (2014).

Kristin Neff, working at times with Chris Germer to develop curriculum, is also a trained psychologist, and also found compassion through her experiences with Buddhism and a personal practice of mindfulness that she began while in graduate school. Now Neff is one of the leading researchers in the area of self-compassion, and offers a website, self-compassion.org, with resources, research articles, and practices which are offered freely. Her book, *Self-Compassion: The Proven Power of Being Kind to Yourself*, is a popular one, and in it she articulately makes the case for self-compassion and how to cultivate a more compassionate internal experience. Neff details three components of self-compassion she believes are important: kindness toward self, awareness of a common humanity, and mindfulness. While not a cognitive behavioral therapist, Neff's approaches have this feel as she invites people to become aware of their internal monologue and change their experience of themselves through self-talk to be more consistent with kindness and self-compassion. Neff also points to attachment theory in her work, and looks to the mammalian attachment system to help us understand what is at work within our physiology when our attachment system is triggered. She encourages people to engage in practices that activate this system, which can offer soothing feelings, by stroking themselves lightly on the hand or touching their face. When we hear a calming voice, or feel a soothing

touch, it doesn't really matter if it is from another person or us. The attachment system is activated regardless, and releases the hormone oxytocin, which floods our being with feel-good, loving and connective feelings. Self-criticism, on the other hand, is one of the variables that increase cortisol, which leads to higher anxiety.

The emphasis Neff places on a common humanity is similar to Gilbert's call to remember the existential space we find ourselves as humans and the difficulties involved in just getting through life. This awareness, which can become the norm for people practicing these forms of compassion cultivation over time, help to reframe our expectations from incompetent individuals to a mindful awareness that life is tough, we do not know all the rules for living well, and we often, as a species, get it wrong. Space for this awareness is key, and mindfulness practices, which can be found on her website, help with achieving this ability to see one's experience from a distance where there are options for how to react, rather than being personally enmeshed with feelings of failure or shame which often create a feed-back loop where the person identifies with how they see themselves in that moment.

Neff's program is user-friendly, and while she encourages a mindful awareness of one's experiences, she states that meditation is not necessary to practice for self-compassion to arise, and that following her program to develop kindness for self, an understanding of a common humanity, and mindfulness in the moment will be enough to facilitate change. For many this is an easier foundation to lay down, especially for those who do not have a meditation practice they can build on.

The Center for Compassion and Altruism Research and Education (CCARE) at Stanford University has developed another mindfulness based compassion cultivation curriculum, an 8 week, 2-hour a week program with foundations in Tibetan Buddhism, and does ask people to

meditate - daily. The curriculum focuses on five movements: developing a grounded space of mindfulness from which to do one's work, developing loving-kindness for others, developing loving-kindness for self, developing loving kindness for all of creation, and engaging in acts of compassion. These capacities are developed through the class meditations and a commitment to meditate 15-30 minutes every day of the 8-week program, in addition to less formal awareness exercises meant to develop an everyday awareness habit. The meditations themselves involve mindfulness practices, as well as image-based guided meditations meant to help people experience a compassionate presence in response to themselves and others. For example, in cultivating compassion for another, the individual might bring up an image of the person in their mind, and then cultivate an experience of felt compassion for that person.

A fourth compassion cultivation approach can be found in *The Compassion Practice*, developed by Frank Rogers, Jr., Andy Dreitcer and Mark Yaconelli, and finds a home at the Center for Engaged Compassion at Claremont School of Theology. This practice is also grounded in spiritual practices and understandings, both from an inter-religious framework, detailed in the book *Practicing Compassion*, and a more Christian perspective, written about in *The Way of Jesus: Compassion in Practice*, both by Frank Rogers, Jr. The Compassion Practice involves four step which invite the practitioner into a deeper relationship with themselves and others through a grounded centeredness and spiritual connection, and then ask what compassionate action might look like in this situation. The four steps are:

1. Catch your breath (Get grounded). Get some emotional and physical distance in whatever ways help you become centered and reconnected with the source of your vitality.
2. Take your PULSE (Cultivate compassion for yourself). Take a U-turn and connect empathically with the cry of your soul hidden within your emotions and impulses.

3. Take the others's PULSE (Cultivate compassion for another). Turn toward the other and connect empathically with the cry of the soul hidden within his or her emotions and behaviors.
4. Decide what to do (Discern compassionate action). Now grounded in compassion – both for yourself and the other – discern those actions that heal the suffering and nurture the flourishing of all parties involved and do them.⁷⁶

One of the few compassion cultivation curriculums that does not rely only the foundation of mindfulness, this practice asks people to first pay attention, or develop mindful detachment, in order to become more aware of our internal movements, such as emotions, internal monologues, or fantasies, which we often blame for our inability to maintain compassion for ourselves or another. Bringing these internal experiences to a space of prayer or meditation, rather than “letting them go” in the movement that traditional mindfulness suggests, then allows us to contemplatively consider the things that might actually be the key to compassion, not the door blocking us from it. Ultimately, this allows us to sit with our internal stirrings and bring them to the three-fold movement of The Compassion Practice: grounding in God, or a Sacred Presence, experiencing the healing compassion of this Sacred Presence which restores ourselves to our full humanity, created in the image of the sacred, and extending this healing compassion to others.

Rogers writes,

“For Jesus, compassion inspires a genuine loving regard that flows freely from the heart. It is rooted in the restorative compassion of God that is given to all humanity. The radicality of this path is that the healing power of sacred compassion holds us precisely where we are – in our fears and angers, our shames and suppressions, even in our resistance to wanting to love at all. Indeed, within these shadowy impulses we can experience more deeply the healing and renewing presence of God and become filled with compassion that extends not only toward these very reactivities raging within us but also toward those who trigger them in the first place.”⁷⁷

⁷⁶ Frank Rogers, Jr., *The Way of Radical Compassion* (Nashville, TN: Fresh Air Books, 2015), 19.

⁷⁷ Frank Rogers, Jr., *The Way of Jesus: Compassion in Practice* (Nashville, TN: Upper Room Books, 2016), 21.

Bringing together Ignatian spirituality, Jungian psychology and spirituality, Internal Family Systems, and the technique of body focusing, the practice becomes organic and one engages in the rhythms of grounding, paying attention, understanding, loving, sensing a Sacred presence, and embodying the invitation of grace one has received during the mediation. These movements, also known as PULSE⁷⁸, can be linear, or spaces one inhabits as needed, with the hope of aligning themselves back to the Sacred they desire to be grounded within, or the person they are called to remember themselves to be, or in right relationship with others in the world. The invitation is to ground, moving in towards oneself as healing occurs and compassion arises, and then moving outward to offer this healing to the world, and then inward again when one needs replenishment, and outward again as they can. In and out, as natural as the breath that gives us life.

The curriculum is taught either within a retreat, or in a 12-week program meeting 2 hours a week. During this time the participants spend time practicing with contemplative exercises that teach them these movements, in small groups, and in didactic sessions that teach the theory of the process through a narrative foundation that invites people to bring their own stories and struggles to the work at hand.

While all of these compassion cultivation programs work for various people in various settings, I have chosen The Compassion Practice specifically to spend more time with in this research. As opposed to the other programs, The Compassion Practice offers people the ability to bring their suffering and difficult experiences to prayer in a practical way that offers time honored spiritualties and psychologically astute practices to them for healing, within a theology that sees them, inherently, as beloved and loving. Especially for people who identify as a

⁷⁸ Rogers, Jr., Way of Jesus, 30-34.

Christian, this practice allows them to bring their suffering, and with trauma exposure the suffering they have experienced may often be part of a vocational and spiritual call, to a sacred space for healing, restoration, and an experience of grounding in the presence of God and the teachings of Jesus.

Pastoral and Practical Theology

The consideration of trauma and secondary trauma within pastoral theology and practical theology is also important for us to look at, as we engage in this chapter with topics that inform this study and that will be woven into the pages of this dissertation. According to the *Dictionary of Pastoral Care and Counseling*, pastoral theology within a Protestant lens can be defined in several ways. One way of understanding it is

A form of theological reflection in which pastoral experience serves as a context for the critical development of basic theological understanding. Pastoral theology in this sense generally focuses on topics like illness, death, sexuality, family, and personhood, though in principle any theology topic may be considered from a pastoral perspective – faith, hope, love, salvation, and God, for example. Here pastoral theology is not a theology *of* or *about* pastoral care but a type of contextual theology, a way of doing theology *pastorally*.⁷⁹

In this definition we are not looking for pastoral theology to engage with pastoral care and counseling and inform us about what to do to care for someone who has experienced trauma or secondary trauma, but to help us understand how to think about God, humans, community, indeed all of the subjects that are normally considered by theology, but within the context of trauma and secondary trauma. What does trauma mean for people and their relationship with God? Or their relationships with themselves? Others? How can someone know grace if they are experiencing trauma?

⁷⁹ J.R. Burck and R.J. Hunter, “Pastoral Theology, Protestant,” in *Dictionary of Pastoral Care and Counseling*, ed. Rodney J. Hunter (Nashville, TN: Abingdon Press, 2005), 867.

In other situations, theologians engage in this reflection, but do so from a point more generally in line with practical theology and leading to a renewed praxis. Often, this line is not well defined, and reflective theologians often wander into praxis as an ethical imperative when considering situations in the world that have to do with suffering and evil, while practical theologians start out with liberative practice as the objective. In these works the balance of reflection and practice is more integrated, and may even spend more time in the arena of practice.

Given that, we can see both of these approaches in the theologians who write and think about trauma, and delineating them in any way that would provide meaning is difficult, although noting their context is helpful in understanding their reasons for their work. As trauma studies are new, this field within theology is new, and although growing rapidly the theologians that do considerable work around trauma can be found an a handful of names: Serene Jones, Jennifer Beste, Shelly Rambo, James Poling and Deborah van Deusen Hunsinger.

In their work, Serene Jones and Jennifer Beste wonder about traditional theological understandings and claims given our new understandings of the consequence of trauma on humans. In her book *Trauma + Grace*, Jones asks how the human spirit can survive traumatic violence, especially considering the consequences of trauma, manifest in symptoms such as dissociation, anxiety, depression and hyper-arousal. How, she asks, can people know God's love and grace if they have trouble knowing anything? And, how can one feel God's love when they are unable to feel? Our theologies have a certain understanding of the human in God's plan, yet new information about what it means to be human within trauma subvert these now seemingly simplistic categories of free will and grace. With compassion, Jones brings these subjects into our awareness, not to tie them up with simple answers, but, in a way, to sit with these truths

much in the way the trauma survivor has to sit first with the truth of their experiences with another in a safe and healing space before moving into a therapeutic space of transformation, if that ever happens.

Jennifer Beste also comes to this work after becoming familiar with the effects of trauma, in her case while working with children and adolescents who had experienced abuse, and also questions the relevance of traditional theological assumptions given people's lived lives. In the opening pages to *God and the Victim: Traumatic Intrusions on Grace and Freedom*, she makes this clear, writing

This book represents my sustained attempt to address the challenges that sexual abuse and other traumas pose for cherished theological beliefs about human possibilities for ourselves as we try to grow personally and love God and neighbor. In the end I seek to offer a credible Christian account of freedom and grace that does not blind Christians to persons' vulnerability to severe interpersonal harm but that empowers trauma survivors in their process of recovery and invites Christian communities to rethink what it means to love one's neighbor.⁸⁰

Identifying as an ethicist, Beste writes not only to challenge theological notions of persons but does so within a lens that highlights the harm that these notions do to people who cannot live into categories of what a "good" life is, simply because emotionally, physically, and neurologically they do not, in some cases, have the capacity to do so. In her text we become aware not only of the challenge to the definitions systematic theologies often use, but how holding on to these definitions in spite of new knowledge continues to do theological violence to those who have already suffered.

Shelly Rambo is also part of this conversational thread, but looks at trauma and wonders how we make space for it not only in our theological world but in ritual also, and how our

⁸⁰ Jennifer Beste, *God and the Victim: Traumatic Intrusions on Grace and Freedom* (New York: Oxford University Press, 2007) 5.

response to trauma in the world parallels our response to trauma in our liturgical narrative. Her book *Spirit and Trauma* also begins with personal experiences, for her a relationship with an Iraqi war veteran and a survivor from Hurricane Katrina, and notices how we are inclined to skip the waiting that is often part of an experience of trauma, the space in between the event and healing. We rush ourselves, sometimes, and others, almost always, into a process of healing and transformation too soon, before it is possible.

Looking at the liturgical practice of the Triduum, the three days during Holy Week capturing Maundy Thursday, Good Friday, Holy Saturday, and ending with Easter Sunday. She notices that even in churches that celebrate these days, Holy Saturday is often left blank, with no clear theology or traditional liturgical practice. Likening this to the space between Good Friday and Easter Vigil, between trauma and transformation, to the spaces we want to avoid in our own lives and the lives of others, Rambo calls us to stop, rest, and see what identifying features these waiting spaces might have inherent in themselves. Ultimately looking at the importance at the spiritual and therapeutic practice of witnessing that is key before embarking on transformation, she engages in a theological reflection on remaining in these spaces, and the gifts that are found in the things that we most want to forget.

James Poling and Deborah van Deusen Hunsinger are the only two of this group who identify themselves as practical theologians, and their work not only considers suffering but wanders into the space of renewed praxis, and in these works reflection and spiritual care are integrated well. Poling, a pastoral counselor who has worked for many years with abused and abusers alike, does his practical theology through a feminist and process theology lens, and while not claiming to create a formal theodicy, his work often looks at trauma and suffering through a larger lens than the individual, seeing structural sin in systems of oppression, economic and

social, racism, and patriarchy. While his writing stretches back decades, and consistently engages with abuse and violence, in his most recent work, *Rethinking Faith: A Constructive Practical Theology* it seems he is looking for something, some conceptual and theological space, to hold all he has held over the course of his work with trauma. His treatment of the subject feels real, while tentative, and worthy of a life's work.

Deborah van Deusen Hunsinger's work *Bearing the Unbearable: Trauma, Gospel and Pastoral Care*, is fairly new, written in 2015, and is the only text to specifically engage with secondary trauma. Engaging with the new information about trauma with a point of educating clergy, and developing practices that help care for people who have experienced trauma, she includes a chapter on secondary trauma and, relevant to our focus, self-empathy as a response. Considering pastors, she writes

Those of us in ministry internalize certain levels of pain by our commitment to be fully present with the handful of persons we serve on a daily basis. The cumulative effect of being in the presence of so much pain puts us in danger of compassion fatigue, in which we simply reach our limits. We stop caring, not because we want to, but because we no longer have the capacity to take in anything more.⁸¹

After reflecting on the real consequences of this on her life, Hunsinger looks for a liberative praxis in response to secondary trauma, and lingers for awhile with the methods and people known within the practice of non-violent communication, which advocate for self-empathy via greater awareness of what one is experiencing and then an awareness of the needs that are behind these experiences. In this she sees self-empathy as a form of prayer, and a Christian spiritual practice.

Conclusion

⁸¹ Deborah van Duesen Hunsinger, *Bearing the Unbearable: Trauma, Gospel, and Pastoral Care* (Grand Rapids, MI: Wm. B Eerdmans Publishing, 2015), 71.

For people of faith, it is important to consider the topic of trauma and secondary trauma from a lens other than psychology, and specifically to consider trauma from perspectives of spiritual formation, pastoral theology, and practical theology. These theological works brings our knowing about trauma into our own spiritual experiences. While psychology talks about the holding environment where important psychological work is done, these theological offerings provide a sacred holding space, where we can bring our real encounters with suffering, evil, and the psychological knowing of how it does impact and change us – our bodies, minds, and souls – to God, and into conversation with our scripture, our theologies and the traditions of the church, and it is here that important spiritual work is done. It is here that we can deepen our understandings and our need, as humans, to make meaning and to connect with the Sacred, and it is from these spaces that we seek to join psychology to better understand trauma and secondary trauma, and, ultimately, to point toward a liberative praxis.

Chapter Three: Methodology

Introduction

The purpose of this study was to inquire into the spirituality and experiences of individuals who have trauma exposure and agreed to participate in a compassion-based contemplative practices, and to explore the effect of The Compassion Practice curriculum on persons with elements of secondary trauma. The study considered questions about the spiritual themes and questions that arose, if any, in persons who experience secondary trauma, as well as wondering about ways people who experience secondary trauma perceive secondary trauma as having an influence on their spirituality and theology. In addition, the study considered the impact of The Compassion Practice on eight adults who have experienced secondary trauma who agreed to participate in The Compassion Practice curriculum, and what a curriculum that is created to meet the needs of those with secondary trauma might look like.

This chapter considers this study in detail, looking at the methodology and methods that were used. I will first address qualitative inquiry as a whole, and why it is an appropriate research approach for this study, and then spend time with both narrative methodology and participant action research, considering why these specific avenues were chosen for this study, what their strengths are, and what limitations they offer. At various points in these discussions I will also bring in practical theology and look at how these approaches integrate with the tenants and goals of this discipline.

Rationale for Qualitative Research Design

The study in question is a qualitative study, featuring narrative and participant action research methodologies. It involved eight participants who agreed to engage in an eight-week curriculum which taught The Compassion Practice using the general curriculum but with a focus

toward addressing the concerns of individuals who are experiencing secondary trauma. In addition, four of these individuals also agreed to be interviewed individually about their experience with secondary trauma, spirituality, spiritual formation, and The Compassion Practice. Some of these individuals also offered journals they kept during The Compassion Practice program to be used as data, alongside the transcribed interviews.

The content of The Compassion Practice classes, the interviews, and the journals generally center around areas that the research questions seek to consider, and involve topics of spirituality, spiritual formation, and secondary trauma – all areas that are especially sensitive, personal, and, for some, intimate. If we revisit chapter two briefly and again consider our definitions, David Perrin’s definition of spirituality especially reminds of the essentialness of what we are looking at:

Spirituality stands at the junction where the deepest concerns of humanity, and the belief in transcendental values, come together in the movement toward ultimate fulfillment in life. The spiritual center is the deepest center of the person: the place of surrender to authenticity and love. It is here that human beings are open to the transcendent, whatever that is for the individual. It is here that human beings experience ultimate reality and their most profound desires are satisfied.⁸²

Additionally, from a Christian perspective “...the spiritual journey is the lifelong process of disclosing and incarnating in all dimensions of life and world the image of God that each person most deeply and uniquely is in the depths of his or her being, that is, in the human spirit as graced by the indwelling of God’s own Spirit. The Christian life is a movement of ongoing conversation or transformation.”⁸³ This formation process of transformation is deeply personal, so personal and deep, in fact, that it is not unusual to find individuals who are considering spiritual questions for the first time in interviews such as these. When we consider that the

⁸² Perrin, 22.

⁸³ Byrne, 565.

research topics in this study focus not only on spirituality and spiritual formation, but also on trauma, we can imagine that the intensity is compounded, as I am seeking to understand the nexus of these various threads, ones that may not only be intimate, but painful.

When considering the research design of this study, and reflecting on quantitative, qualitative, or a mixed methods approach, these were the concerns I brought to my process. Secondary trauma is most often understood through the lens of psychology, and quantitative approaches are often understood as the default for psychological research, with their ability to work with data and large-scale populations, which it can then generalize to create new psychological understandings. And the tools seemed right for this study as well, with ProQOL, a measurement to evaluate secondary trauma, burnout, and compassion satisfaction, which helps us understand compassion fatigue as these researchers understand it, available for free on the internet. Using this measure would give us seemingly “objective facts” about the participants before and after the research, which would tell us something about how they responded to The Compassion Practice, and, in an ancillary way, about their spirituality and spiritual formation.

However, looking at the sensitive nature of the questions, I questioned this approach, knowing that qualitative research is especially called for when the researcher seeks to understand complex and personal issues, or when they are looking to provide rich descriptions of internal processes. It also seeks to provide voice, not just data, to individuals and groups who are not well represented in the literature, which, given my experiences in studying the research for some of these specific contexts of secondary trauma, seemed like it might be a worthy endeavor. In addition, qualitative inquiry is becoming more popular in psychological studies, and is consistent with their values of respecting communication as a way of knowing. Speaking to this issue,

Jonathan A. Smith writes in the Introduction to *Qualitative Psychology: A Practical Guide to Research Methods*,

For most qualitative researchers, this approach [qualitative research] is consonant with a theoretical commitment to the importance of language as a fundamental property of human communication, interpretation and understanding. Given that we tend to make sense of our social world and express that sense-making to ourselves and others linguistically, qualitative researchers emphasize the value of analytic strategies that remain as close as possible to the symbolic system in which that sense-making occurs.⁸⁴

While quantitative research is still dominant in the discipline of psychology, qualitative research is finding its home there as well. And, although qualitative research does research in a different way than quantitative, it still provides the opportunity to create knowledge, using the normative ways of making sense of the world that we use every day.

And qualitative research seems at home as well within the research projects of practical theology. While quantitative inquiry can theoretically be used in practical theology, its assumptions regarding an objective reality, a singular and tangible truth, and belief in value-free inquiry may be at odds with the underlying foundations of practical theology, which seeks to understand individuals and groups within a subjective context and is not ashamed to claim values of liberative praxis as a foundation of its being. The focus on relationships that qualitative research allows between the researcher and the participant, as well as its comfort with the interdependent nature of a reality that is often understood as co-constructed also lends it to practical theology. In addition, the interpretative nature of qualitative research is an extension of the work of theology, especially practical theology, as we seek to understand deeply the sacramental world around us to know where God is already at work and where we are called to join in this transformation process. Mary Clark Moschella, a pastoral and practical theologian

⁸⁴ Jonathan A. Smith, introduction to *Qualitative Psychology: A Practical Guide to Research Methods*, ed. Johnathan A. Smith (Thousand Oaks, CA: SAGE Publications, 2008), 2.

writing about qualitative research, and specifically ethnography, compares it to a spiritual practice, and wonders about the possibility of "...the research process itself as a potential means of spiritual growth and social transformation."⁸⁵ She states,

Research changes lives. While anthropologists and historians may have lamented the social science equivalent of the Heisenberg Uncertainty Principle (that the research process always has an impact on the findings), for religious leaders, this principle is a boon. Pastors and rabbis searching for ways to inspire growth and social transformation can make use of the life-changing potential of ethnographic study.⁸⁶

Practical theologians do their work to offer an opportunity for just this kind of transformation. The intersection that occurs with lived lives within the boundaries of qualitative research offers this also, making qualitative research a good partner for practical theology.

While qualitative research seems like a good fit, it is also possible to include both qualitative and quantitative methodologies for a mixed-methods approach. This would allow me to include the strengths of both approaches – the chance to learn from people about their experiences via interviews and other research data that qualitative would allow, while gaining objective data from questionnaires designed to measure elements of secondary trauma that quantitative would offer. This approach has much to offer, but in the end I opted for a qualitative only approach. One strength of quantitative research is its ability to generate data that can be generalized to the larger population, which qualitative research cannot do, but with only eight participants my data would not yield that opportunity. And, I am not trained in quantitative research. While it might seem like an easy task to give someone an assessment before and after and see if the numbers indicated improvement in the areas of secondary trauma, I don't know enough about quantitative research to know what the numbers mean within the research

⁸⁵ Mary Clark Moschella, *Ethnography as a Pastoral Practice: An Introduction* (Cleveland, OH: The Pilgrim Press, 2008), 12.

⁸⁶ Moschella, 11.

environment. I also know how to look for issues of trustworthiness within a qualitative study, but cannot say I have the same knowledge regarding quantitative, so the risk of reading into the numbers something that might not be there seemed, at the time I was designing the research, too great to risk. And, I do believe that integrity within the value systems of what I am wanting to know matter, and I believe that qualitative research is a strong match not only with practical theology and spiritual formation, but also with the kind of research environment I want to offer the participants, one which honors their subjective, personal experiences through their words and writings and trusts that these experiences can create knowledge.

The focus in this study on the personal and honoring the knowledge that can come from the subjective experiences of the participants also extends to the fact that I will be using the first person narrative when writing, rather than the depersonalized, third-person voice often seen in academic work, as if positioning writing as coming from the ether creates a more critical work than work owned by an “I” who acknowledges we live in a world of co-constructed truths and who owns both values and bias. I am encouraged by Christine Bold, a narrative researcher, who writes,

I have a strong belief that a personalized approach to writing, where appropriate, is no less ‘academic’ than a depersonalized piece. For me the issue is one of criticality and the ability to present a critically reflective and analytical piece of writing in whichever genre is appropriate for the task. Critical thinking may be evident in any genre.⁸⁷

In addition, I am also committed to writing clearly, as I am able, which will hopefully make reading this work easier. I am not convinced that complex ideas need to be written in convoluted ways, although I suppose it could be argued that I am not writing about complex

⁸⁷ Christine Bold, *Using Narrative in Research* (Thousand Oaks, CA: SAGE Publications, 2012), 5.

ideas. In any case, I value a democratic approach that allows, expects, or even hopes, that people outside academia will read what I produce, and seek to write accordingly.

Rationale for Methodologies: Narrative and Participant Action Research

With qualitative research identified as the research approach, questions of methodology began to surface. I have done ethnographic work in the past, specifically for a research project that became an informal pilot study for my dissertation research. That was a good fit for what I was studying then, Episcopal jail chaplains, and although I did want to look at some of the same questions that I did then, I knew that I would not be looking at people I could identify as a “community” in order to do ethnographic work. In addition, I was interested in their internal experiences, and not the culture they created together. I have also used case study to learn research skills in a class, but that also did not seem appropriate, as it is also not the best method for seeking to understand personal experiences of a group of people. As I was interested in the experience at the intersection of spiritual formation and secondary trauma, I considered phenomenology for a bit, as this would allow me to truly enter this space as a researcher, in an attempt to understand these people’s experience to such an extent that I could offer a definition of the space that they inhabited, but, arising from philosophical foundations, the methodology involves specific, and very abstract sounding, steps that I was not sure I could gain competency in in time to complete my dissertation.

Narrative inquiry, however, does offer the opportunity to work with individuals, to hear their personal stories, and specifically to witness the story they embody as they experience secondary trauma and seek to live a spiritual life, and to make meaning given these difficult, and sometimes disparate, variables. Narrative inquiry can also have an action based element, which

works to instigate change while also working to understand “interesting phenomena,”⁸⁸ making it a good partner with participant action research, another methodology that I chose to use to achieve the desire to explore curriculum design involving spiritual formation and secondary trauma.

A.S. Byatt, a British writer, notes “...narrative lies at the heart of being human...narration is as much part of human nature as breath and the circulation of the blood.”⁸⁹ And, for researchers, narrative can reveal truth about human existence.⁹⁰ Narrative inquiry can be understood to refer to several areas, and, as Catherine Kohler Riessman writes, it is important to offer distinctions for how narrative inquiry is used in various contexts: “the practice of storytelling (the narrative impulse – a universal way of knowing...); narrative data (the empirical materials, or objects of scrutiny); and narrative analysis (the systematic study of narrative data).”⁹¹ In this study, I will be using all three ways of understanding narrative in the various stages of research: storytelling via interviews and during The Compassion Practice curriculum, narrative data when I will engage with materials that are created from these practices, and narrative analysis when I use a thematic approach within a narrative lens to analyze the data.

While this describes the phases of narrative engagement, an agreed upon definition for narrative inquiry is hard to come by, such that Riessman writes that while “It is not appropriate to police language...specificity has been lost with popularization,”⁹² and though I will not seek to offer an official definition here, it is important that we have a general understanding of what

⁸⁸ Catherine Kohler Reissman, *Narrative Methods for the Human Sciences* (Thousand Oaks, CA: SAGE Publications, 2008), 16.

⁸⁹ Michael Murphy, “Narrative Psychology” in *Qualitative Psychology: A Practical Guide to Research Methods* (Thousand Oaks, CA: SAGE Publications, 2008), 111.

⁹⁰ Reissman, 10

⁹¹ Riessman, 6.

⁹² Riessman, 5.

we are doing in this research. In one attempt to define narrative, Phil Salmon offers contingency as key: “A fundamental criterion of narrative is surely contingency. Whatever the content, stories demand the consequential linking of events or ideas. Narrative shaping entails imposing a meaningful pattern on what would otherwise be random and disconnected.”⁹³ What is interesting to me about this definition involves our topic of study, trauma. Often when someone experiences trauma, their narratives are indeed random and disconnected, which is a result of the seemingly shattered self they are left with after the trauma. Indeed, some believe therapy works because individuals have the opportunity to form a coherent narrative within a holding environment, an environment that allows them to relax enough to essentially “rewrite” their experiences and the meaning they make from them. As Michael Murray, a researcher using narrative inquiry in psychology, notes, “The primary function of the narrative is that it brings order to disorder. In telling a story, the narrator is trying to organize the disorganized and to give it meaning. This is not a straightforward task.”⁹⁴ In a new, constructed narrative they can find health, and a functioning self. While this process allows them to heal from trauma, are we to say that their incoherent trauma narrative, with a disembodied and temporally adrift tone, is not a narrative? That until it was formed in a way that makes sense it is not a narrative at all? I would not agree. There might be a difference between a life-generating narrative and a narrative in process, but I would offer that the incoherent narrative of trauma is indeed a narrative, and one whose strength is manifest in the often-chaotic lives of those who experience them. Even without contingency, narratives create meaning, and offer a story.

Also writing about the various definitions that narrative, and narrative inquiry, have borne, Jean Clandinin writes in *Engaging in Narrative Inquiry* about her own role in this work of

⁹³ Reissman, 5.

⁹⁴ Murphy, 114.

definition, and the understanding of Dewey's theory of experience as the philosophical foundations of narrative.⁹⁵ She and another researcher consider narrative's understanding of experience as involving three-dimensions, temporality, place, and sociality, as opposed to Dewey's two variables of interaction and continuity enacted in situations:

Framed within this view of experience, the focus of narrative inquiry is not only on individuals' experience but also on the social, cultural, and institutional narratives within which individuals' experiences are constituted, shaped, expressed, and enacted. Narrative inquirers study the individual's experience in the world, an experience that is storied both in living and telling and that can be studied by listening, observing, living alongside another, and writing, and interpreting texts.⁹⁶

She then sums this up, writing, "...narrative inquiry is a way of understanding and inquiring into experience. Narrative inquiry is situated in relationships and in community, and it attends to notions of expertise and knowing in relational and participatory ways."⁹⁷ It is this last definition that we will use, noting that its focus on context, relationship and experience is fitting for a study seeking to understand the personal experiences of spirituality and secondary trauma within the contexts of relationships with others.

My methodological partner to narrative inquiry, action research, originated out of the field of sociology and sought to produce practical knowledge that would be helpful to people in their everyday lives.

Both narrative inquiry and participant action research are appropriate methodologies to use with practical theology, as they, like qualitative research, both either offer avenues for social change, or actively seek it. As narrative is a powerful tool for understanding and creating meaning, which also opens space to empower a person's agency and engage in the work of

⁹⁵ D. Jean Clandinin, *Engaging in Narrative Inquiry* (New York: Routledge, 2016), 12.

⁹⁶ Clandinin, 12-13.

⁹⁷ Clandinin, 13.

authoring new lives, communities, and social structures. Christine Bold writes of change at the personal level here, noting that even the listener, the researcher, is part of this opening through a shared experience:

Storytelling may increase the storyteller's capacity to make important life changing choices through re-presenting a past event and speculating about future developments. If the storytelling process has an impact on the teller, then it seems safe to assume that there will be an impact on the listener, albeit a different one. All participants may have their lives changed in some way by the shared experience.⁹⁸

We hope, then, through this research grounded in the discipline of practical theology and the methodologies of narrative research and participant action research, that change toward restoration and wholeness will be involved, for all who participate.

The Research Sample

As a narrative study with a participant action research aspect, I engaged in purposive and criterion sampling, looking specifically for individuals who could offer first-order narratives about their own experiences with secondary trauma, who could participate in an 8-week program held in Pomona, and who might want to be part of a process of curriculum development.⁹⁹ And, four needed to be available for additional interviews. It seemed like a lot to ask, and I have to admit I was wondering if I would be able to recruit any participants.

My method of recruiting participants largely relied on the “snowball” method, whether directly or indirectly employed. Snowball, or “chain-referral” sampling refers “to a method for generating a field sample of individuals possessing the characteristics of interest by asking initial contacts if they could name a few individuals with similar characteristics who might agree to be

⁹⁸ Bold, 23

⁹⁹ John Creswell, *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* (Thousand Oaks, CA: SAGE Publications, 2013), 150.

interviewed,”¹⁰⁰ and, in this case, participate in the research study. I had been speaking with a few individuals about my interest, or about secondary trauma specifically, and I invited them, and invited them to invite their friends. Through this initial ask I had a number of interested parties, and eventually recruited five through this primary circle. I knew I needed at least one other participant, and while I was interested in recruiting some human-rights attorneys I was speaking with soon realized their schedules did not acquiesce easily to an 8-week program that would require driving a considerable distance.

I happened to attend a worship service and lunch where I met a retired academic Dean from Fuller Theological Seminary who happened to ask me about my research. Interested, he referred my formal research invitation to the department at Fuller that recruits participants for their own research studies, and they listed my research alongside their own, which garnered me several interested persons. Three of these people eventually participated, bringing my total participants to eight. When interest was established, I set up a meeting with them, to let them know more about the study, allow them to ask any questions they might have, and also to see if they were suitable for group work, which all were.

Altogether, I spoke with 14 people regarding the study, either because they heard about it and contacted me, or because I knew them, or was referred to them, and I contacted them. Two of these connections (they contacted me) did not work because they misunderstood the study topic; four people were interested, but either did not have the time, could not meet when we were meeting, or lived too far away for it to be feasible. The remaining eight people entered the study. Their demographics and how they entered the study are below, in the approximate order I spoke with them.

¹⁰⁰ John Lofland, et al., *Analyzing Social Settings* (Belmont, CA: Wadsworth, 2006), 43.

Participant # and pseudonym if they were interviewed or mentioned ¹⁰¹	Demographics	Secondary trauma details	How they entered into the study
#1 - David	European-American, heterosexual male, mid 50s	Professional: pastor working with traumatized individuals, volunteers in prison	Personal relationship
#2 - Lisa	European-American, homosexual female, early 50s	Personal: adoptive parent to son who was originally fostered with them, and who experienced severe trauma in biological home and foster home	Personal relationship
#3 - Jennifer	European-American, heterosexual female, mid-30s	Personal: foster and adoptive parent to three sons and a daughter, ages 2 through 13. The oldest two experienced severe trauma in biological homes and foster homes.	Referred by #2
#4	European-American, heterosexual female, mid-20s	Personal: family members experienced trauma	Referred by Fuller research invite
#5 - Linda	European-American, heterosexual female, early 40s	Professional: high school teacher working in an area of low income, high crime, where many of her students have experienced trauma	Referred by Fuller research invite
#6 - Stefanie	European-American, heterosexual female, early 50s	Professional: worked as a missionary in the Middle East during the Arab Spring	Referred by Fuller research invite
#7	European-American, heterosexual male, early 40s	Professional: worked for many years in LAPD as an officer on the street and a detective in the sex crimes unit.	Personal relationships
#8	Mexican-American, homosexual female, early 40s	Professional: worked for many years in LAPD as an officer on the street and a detective in the sex crimes unit.	Referred by #7

¹⁰¹ These pseudonyms are used throughout this study to refer to these participants. Participants were given the opportunity to choose their pseudonyms. If they did not provide one I assigned them one.

I looked specifically for people who had a history of being in relationships that would indicate trauma exposure, and who were experiencing at least some of the symptoms of secondary trauma, listed below:¹⁰²

Physical Signs	Behavioral Signs and Symptoms	Psychological Signs and Symptoms
<ul style="list-style-type: none"> • Physical exhaustion • Insomnia or hypersomnia • Headaches and migraines • Increased susceptibility to illness • Somatization and hypochondria 	<ul style="list-style-type: none"> • Increased use of alcohol and drugs • Other addictions • Absenteeism • Anger and irritability • Exaggerated sense of responsibility • Avoidance of clients • Impaired ability to make decisions • Forgetfulness • Problems in personal relationships • Attrition • Compromised care for clients • The silencing response – “where we unknowingly silence our clients because the information they are sharing with us is too distressing for us to bear.”¹⁰³ 	<ul style="list-style-type: none"> • Emotional exhaustion • Distancing (isolate from family and friends) • Negative self-image • Depression • Reduced ability to feel sympathy and empathy • Cynicism and bitterness • Resentment • Dread of working with certain clients • Feeling professional helplessness • Diminished sense of enjoyment/career • Depersonalization • Disruption of world view/heightened anxiety or irrational fears • Increased sense of personal vulnerability • Inability to tolerate strong feelings • Problems with intimacy • Hypervigilence • Intrusive imagery • Hypersensitivity to emotionally charged stimuli • Insensitivity to

¹⁰² Mathieu, 49-59.

¹⁰³ Mathieu, 54.

- emotional material
- Loss of hope
- Difficulty separating personal and professional lives
- Failure to nurture and develop non-work-related aspects of life

I chose not to give them a questionnaire to assess their level of secondary trauma for the reasons I stated above – this is not a quantitative study but a qualitative study, and as I am choosing narrative as my methodology their internal story about themselves and their experiences is what I am interested in, and I trusted that it was in more informal self-assessments that I would find meaning. Some of the individuals I met knew about secondary trauma, some only learned about it when they read my research invitation or had an initial conversation with me. As I informed them of the symptoms, it was not unusual to see a look of understanding suddenly come over their faces, as their experiences suddenly made sense to them. And, while I had originally thought it would be difficult to find people to commit the amount of time I was asking for, I found that people who were experiencing secondary trauma were aching for support, and were motivated to actively engage in anything that might help. One participant, remembering her thoughts when she originally saw the invitation on the Fuller site, stated:

I had no understanding what was coming in this practice even though it appealed to me, I think because it said things that I believed in, like compassion. I believe in that. Trauma and it can hurt people who aren't experiencing the trauma. And I thought, mmm, somebody is going to address this and whatever they do is better than what I'm doing right now. Because I was just trying to maybe grin and bear it, finding the best me I could present without addressing where that heaviness was really coming from.¹⁰⁴

¹⁰⁴ Linda, interview by author, Anaheim, October 14, 2016, interview L2, 2. All interviews were confidential; the names of interviewees are withheld by mutual agreement.

Another participant, who learned about the study from a friend, was an atheist, and although the curriculum used was specially written from a Christian perspective she said she did not care – she was willing to try anything that would help her as she and her husband parented their four foster-children who had experienced trauma in their previous homes.

In the end, I had eight participants who were invested in the work. None of them missed more than two classes, and some of them missed none. And four of these (#1, 2, 5 and 6) agreed to do extended interviews with me.

Information Needed to Conduct Study

This study is concerned with individuals who have experienced secondary trauma, how it might impact their spirituality and formation, and how compassion-based contemplative practices might be a resource to people in fields that include a high level of trauma exposure. To look at these questions, eight people were recruited to participate in an 8-week course, which offered instruction and practices focusing on secondary trauma and compassion. In depth semi-structured interviews were done with four of the participants, and a post-course interview was done with one other participant. In addition, two participants offered journals they had kept during the course which are also part of the data analyzed for this study.

The data needed and collected to address the research questions largely fell into two categories: perceptual and theoretical. This information included:

- the perceptions of individuals who have experienced secondary trauma, how they experience this alongside their spiritual journey and theological understandings, and how they experience a class on secondary trauma and compassion.

- theoretical groundings via the literature review and learning opportunities that yield a foundation for understanding the experiences of the participants in the study and connecting them to the research questions.

Overview of Research Design

The following is a list of steps taken to prepare for, develop, and conduct this study.

While the list suggests a linear process, in actuality the process was iterative and continually revisited previous phases. This list is followed by a more in depth account of some of the more critical phases.

1. My interest in the situations of secondary trauma and formation led to initial literature reviews as I sought to understand how they influence each other and what resources existed that might provide support. As I began to prepare for a formal dissertation study, I began to deepen and expand my understanding of the literature in these subjects, secondary trauma and spiritual formation, and in the ancillary fields of trauma, secondary trauma in specific vocations, curriculums used to address secondary trauma, compassion-cultivation systems, neurophysiological considerations, pastoral theology and practical theology.
2. In addition to gaining information via literature reviews, I also engaged in several online courses to build competency and knowledge in these areas, one being a certificate program for treating compassion fatigue, and the other a course on neurology and physiology for mental health clinicians.
3. During this time I took a qualitative research class in ethnography, and took that opportunity to do what became an informal “pilot study” for my dissertation.

Following my curiosity regarding these dynamics, I conducted a limited

ethnographic study on Episcopal chaplains working within jail settings in the Los Angeles area. The ethnography called for observations and interviews, and I discovered that these chaplains did not seem to experience the same amount of secondary trauma that others I had seen in the field of care had experienced, which made me even more curious about why. Working with the data I began to see how the theoretical frame of attachment to God was helpful in understanding their dynamics, specifically looking at their practices and understandings/theologies in light of what a “secure” attachment to God would look like. My conclusion from this admittedly very limited study was that this secure attachment to God was correlated with resilience, which mediated secondary trauma. Given this, I began wondering if specific programs of spiritual formation might also provide a moderating influence on secondary trauma, and began to think about dissertation research that might specifically look at this.

4. Working in conjunction with my adviser to develop the study, I developed a research design and protocol, and submitted an application for IRB approval. This IRB application listed all elements of the design and interaction with human subjects. The IRB was approved.
5. After I received IRB approval I began to establish contact with potential research participants. I met with and/or spoke with 14 individuals, 8 of whom were interested in the study.
6. I met with the individuals who were interested to sign the consent and interview them for the first interview, if they were part of the four participants that were to be interviewed. There were some individuals whom I had spoken with but did not

get a chance to meet with prior to the group to sign the consent, so they signed it the first night of the group.

7. Our research group began in August of 2016, met once a week on Sunday evenings for 2 hours, and ended in October 2016. While some of the members were not able to make every meeting, none missed more than two sessions. Participants were given a flash drive with the audio practices at the first meeting. At every meeting they were provided with session handouts, some of which were adapted with material on secondary trauma and how the content that week applied.
8. The eight sessions followed the basic outline in The Compassion Practice official curriculum (opening awareness examen, introducing new content, discussion, working with new content through contemplative practices) but with some added information regarding secondary trauma and ways that the practices might specifically connect as avenues to healing. The topics of the eight sessions were as follows:
 - a. Session 1, Introduction: The first session focused on introducing the participants to The Compassion Practice in general and specifically the four step cycle. We also discussed secondary trauma, defined it, and provided some examples symptoms of secondary trauma. Contemplative practice: Receiving Kindness and Compassion.
 - b. Session 2, The Heartbeat of Infinite Compassion - The God that Jesus Knew: Introduced God of infinite compassion who seeks to know them

and be known, and who has been with them. Contemplative practice:

Praying a Sacred Moment.

c. Session 3, The Compassionate Heart – Knowing Our Capacity to Love

Others: Introduced the understanding that God's love pulses through the universe, and we are invited to join this through The Compassion Practice.

Introduced steps of PULSE (pay attention, understand, love, invite the sacred in, embodying new life) and specifically spoke of how participants might use this in response to symptoms of secondary trauma. Discussed the physiological symptoms of secondary trauma and how meditation can help not only emotionally and spiritually, but physically as one seeks to achieve an experience of their "true self" that PULSE helps us connect to, and how what we feel affects what other people are feeling.

Contemplative practice: Beholding a Beloved Other.

d. Session 4, Taking the 'U' Turn – Practicing Compassion: Introduced a

larger understanding of internal movements, such as thoughts, fantasies, physical sensations, emotions, and inner monologues, and connected them to some of the symptoms of secondary trauma, and, through story, illustrated how one can follow these internal movements to highlight deeper issues that are calling for compassion. Began speaking about the tendency for primary trauma to rise when people experience secondary trauma, and ways that identifying one's internal movements, which often manifest as symptoms of secondary trauma, can then connect to primary trauma that needs attention and healing, and ways that the 'U' turn,

turning inward, can facilitate this. Contemplative practice: Welcoming Presence.

- e. Session 5, Fears, Longings, Aching Wounds, and Gifts – Understanding the Suffering Within: Continued discussion about ways that the ‘U’ turn can facilitate connections with emotions and experiences that cause internal movements that are experienced as disruptive, and how these can be connected to both primary trauma and secondary trauma. Introduced FLAG (fears, longings, aching wounds, and gifts) as a way of identifying what these movements might be communicating to us, and how these are connected to our work or personal relationships that bring us into contact with trauma. Contemplative practice: Understanding the Cry of a Difficult Emotion.
- f. Session 6, Cultivating Compassion for Our Neighbors – Seeing Others as God’s Beloved: Began to talk about how the PULSE and FLAG work in the same ways for others, and spiritual teachings around God’s inclusive love. Spoke about the individuals and groups within the relationships and communities the participants are involved in, specifically considering their trauma exposure, and asked what it might be like for them to extend compassion to those they worked with and loved, and then what it might be like to extend compassion to the individuals they understood as responsible for the initial trauma, which questions the notion of “original” trauma. Discussed this with the four stages of the compassion practice,

and what it might look like in various scenarios. Contemplative practice:
Understanding the Cry of a Family Member.

- g. Session 7, Enemies as Spiritual Teachers – Practicing Self-Compassion
When People Push Our Buttons: Discussed how we experience the symptoms of secondary trauma are different than how our colleagues or family members might experience it, as we experience it through our own perceptions, which might include primary trauma that is in need of healing. As we become attune to what is being activated within us, especially in a situation of trauma exposure, it gives us information about places we are called to tend to within. The call to love, within this understanding, heals us as we tend to the places within that are blocks to love. Contemplative practices: The Compassion Practice with a Difficult Other.
- h. Session 8, Embodying Love – Practicing a Compassionate Life: While this is usually session twelve within the twelve week curriculum I used this session to finish the course with the participants. We watched a video on non-violence in the civil rights movement, did an examen practice around commitments we wanted to make in the future, and discussed the group as a whole and how we had experienced it.

9. The interviews were semi-structured and in-depth, and took place around the beginning of the group (four participant interviews), the end of the group (five participant interviews), and two months after the group ended (3 participant

interviews). A transcriptionist, who signed a confidentiality form, then transcribed the interviews.

10. After the interviews were transcribed they were returned to the interviewees for their review. These participants were given a two-week period to review the transcription, to look for both errors and areas they would like to elaborate on or amend. Only one interviewee amended or added to the interview transcripts, and this version of the transcript was used for data analysis.
11. Participants were also given the opportunity to keep a journal during the group regarding their experiences with the group and the practices. Two participants kept journals, one participant writing extensively in her journal, and these two participants provided copies to me at the end for use as data.
12. I used MAXQDA, a qualitative research software, to code and analyse the data. I used the research questions as a guide when coding, as well as looking for unique themes and interesting findings. I also coded for emotions and values, and for this purpose in addition to reading through all the interviews listened to the audio of the interviews while I was coding to hear for expression and inflection in the participant's voices when they were talking. All together I went through the interviews four times minimum, and went through some of them more times.
13. I also coded journal entries and notes that were given to me, as well as emails and texts that we exchanged during the research period.
14. The findings fell into four categories, which I detail in the findings section.
15. After coding, I wrote narratives for each participant who engaged in interviews. After these were complete I sent them to each participant so they could check

them for accuracy, a sense of authenticity, and to make sure that they were comfortable with the information being shared. Two participants asked for revisions to the narratives when I did. I then returned them to the participants for another approval, which then provided.

16. I also asked the four participants who had engaged in interviews if they would like to add their own reflections to the appendix, allowing them to express themselves and their experiences in their own voices. Two of the participants, Lisa and Linda, provided me with reflections which are located in the appendix of this dissertation.

Literature Review

The literature review for this study was done over the course of several years, and is an ongoing process meant to inform the research. As a dissertation in the field of practical theology, it involves several disciplines as I seek to understand the intersection of, overall, psychological and spiritual aspects of the human experience, in this case through at the point of secondary trauma. Therefore, I have engaged in research into trauma, secondary trauma, secondary trauma and certain professions, neurological and physiological responses to trauma, spirituality, spiritual formation, practical theology and pastoral theology in regards to trauma and secondary trauma, as well as researching ideas that come up in response to the research itself, such as post-traumatic growth and the understanding of trauma within the life of Julian of Norwich. It is interesting to note that over several years the literature on secondary trauma has grown significantly, as well as pastoral reflection on trauma and secondary trauma.

IRB Approval

With the literature review significantly underway, I wrote out and submitted my research design to the Internal Review Board at Claremont School of Theology, which was accepted after minor revisions. Then, I continued developing this information into the dissertation proposal, which was approved at the beginning of fall semester, 2016. Portions of the introduction have been included in Chapter 1 of this dissertation, as well as the literature review, which has been expanded and deepened, in Chapter 2, and the methodological approach, also expanded, in Chapter 3 of the dissertation.

Chapter Four: Narratives of ST, Spirituality, and The Compassion Practice

David¹⁰⁵

I met David through my engagement in seminary, and specifically in classes on The Compassion Practice. David comes to this research thoughtfully, wondering carefully about how his life intersects with others and how we best to tend to each other in a world that often seeks to organize itself by separating out desirables and undesirables. When asked to talk about the work he does that puts him in a space of secondary trauma, he pauses for a bit, and then answers.

Well. It's because often times the world doesn't make sense and life just is. There is suffering and there is pain and there is sorrow and there is chaos. And sometimes we are left with that to deal with ...I guess what I feel like I have been called to in ministry, if I were to really boil it down, I could talk about specific things that I do. One way that I could generally talk about it, it's a call to put myself in the midst of that chaos, that trouble, that suffering, and just sit with that. I think we sometimes find ourselves in situations where we just can't make sense, maybe we can't make sense of it, there is no logic to it, and maybe it just does suck and this is the way that it is, right? And maybe all that we can do is just be present with folks through. I use to call it sitting with folks in the stuff of their life. I really felt called to that. In this latest evolution of my spiritual journey and my call to ordained ministry, I felt an overwhelming call to be with people in the midst of those places of those perplexing places of difficulty. Because I found myself in those places my whole life.

Currently in his mid-50s, David has indeed been in many places of difficulty. Born to young parents in their teenage years, he remembers having been left in the care of his great-grandmother, who was in her 70s, often in his infancy and early childhood while his parents were working. He reflects on how difficult it must have been to have a young family at a very young age, and remembers how hard working they were. He also remembers feeling displaced at times, and found with his great-grandmother a profound presence of love and care that, over time, came to represent the care that God holds for us all, desires for us all, but also the care that we are called to extend to others as join them in their lives, especially in spaces of suffering.

¹⁰⁵ David is a European-American man, heterosexual, who is in his mid-fifties and who is married with a teenage son.

I think a God that cares, I experienced that with my great-grandmother and I experienced that often in the ways that she kind of held me together in my childhood and provided safe place and comfort. I think I was experiencing God through her compassionate care for me. In a world, the world outside of that was somewhat chaotic. That notion of being held or cradled I think to me was always important and I always related that to God or the presence of the divine.

While David experienced a spiritual connection with God through his relationship with his great-grandmother, he was also in relationships with several Christian denominations throughout his life, and notes that there were many times when he felt out of sync with the internal culture of the tradition, like it was a set of clothes made for someone else that he just could quite get to fit. David's mother attended various denominations when David was a youth, he reflects that he has always thought of her as a "spiritual vagabond," and for a while their family landed with the Roman Catholic faith, where he was baptized. David spent his high school years at a private Roman Catholic school for boys. He recalls the feeling of feeling like an outsider.

I didn't feel apart of this tradition [Roman Catholic]. If you were raised in it, I guess it was part of who you were but it was kind of this foreign faith that I just didn't get. I didn't understand. I would say through my high school years and on through my twenties without a real faith tradition.

While David attempted to experience the deep relational connectedness he had with his great-grandmother, who died when we was in middle school, in other ways, nothing really felt authentic until he found his way to a faith that, finally, felt authentic and provided a space where he could experience the unconditional love that he had experienced with his great-grandmother. When asked if there were any places or experiences where he experienced the kind of sacred love he felt with her, he responded

Yea, you know, yea nothing that touched my heart. Nothing that made me feel safe. Knowing in the back of your mind, this experience that you had, earlier in your life, with being held and not, not finding that anywhere, you try to experience it in other ways through substance abuse or relationships or

camaraderie with friends, but all of that comes up empty. At least for me it did. There was a period toward the end of my twenties when I was kind of jolted from that world back into connecting with a faith tradition. I would say that I've worked my way, from that point, worked my way through several evolutions of spiritual growth which took me from very, a more Evangelical expression of one's faith to today something that is fairly liberal and progressive. Part of that was me being fed up or coming to the realization of the damage that religion can do in certain forms and wanting to escape from that and be comfortable in a place that made sense and felt authentic and genuine and comforting. Again, wanting to be held. Some of those earlier faith traditions felt they weren't about holding folks they were about scolding, scolding folks or judging folks. I imagine the faith journey has something to do with exploring, searching, journeying for a place where you can be held. That always seems to have been important to me from my early experiences.

Now serving as a minister in a progressive denomination, the ministry of holding that he learned as a child with his great-grandmother has come to articulate his understanding of what religion and spirituality are in their most authentic identities, and what his specific vocational call looks like.

I would say that my understanding of the sacred has something to do with the way one feels held in the world. I think maybe faith traditions serve that purpose for folks who basically were living in a world of seeming chaos...I imagine I have seen the world and that may have something to do with the way of my upbringing and what not. But faith has a way for us to make sense out of chaos.

It seems, for David, that a spirituality of presence then becomes almost an organizing principle, something that can bring order out of chaos and meaning out of the arbitrary world that many of us experience. And, this is true especially when this call of presence is met in the midst of suffering. It is this space, this space of suffering, which he is especially called into, and which is lived out in a ministry with people who are homeless and/or living in poverty, and in relationships he develops with men in prison through facilitating, with a partner, the Victim/Offender Education Group (VOEG), a program affiliated with the Ahimsa Project and the Insight Prison Project. VOEG runs in 18-month cycles, in which David and his partner meet with a group of men in prison every month to create space "...that allows victims and offenders

an opportunity to work together, which dramatically aids in the healing process for everyone involved, and enhances public safety by greatly reducing recidivism.”¹⁰⁶ This work involves extensive training, which prepares the facilitators to work closely with the men in prison to prepare them for eventual victim offender dialogue. The relational space that David finds at the center of his spirituality is also found here, in the foundation of restorative justice that VOEG is built upon. Answering the question, “What is Restorative Justice?,” Insight Prison Project offers this introduction:

Restorative Justice sees crime as a breakdown of society and human relationships and attempts to mend these relationships through dialogue, community support, involvement, and inclusion.¹⁰⁷

In this work David and his partner drive several hours each month to the prison where they work amidst suffering, suffering that the men have introduced into people’s lives, suffering they themselves have experienced, and the suffering that is known personally to David that is rekindled when he hears the stories of these men. When asked why he continues to find himself in these spaces, he laughs, and then says,

Well, that’s a good question. I don’t know. I don’t know. I continue to put myself in those places, today. Something resonates in me, something connects in me when I see that brokenness and for some reason I want to be close to it, that brokenness.

Elaborating, he reflects on what he experiences within this space of suffering, and the call he hears. He continues,

Well, for me, my experience of being close to that brokenness is a deep sense of the sacred. We ask where is the sacred in all of this, I think the sacred is right there, is there in that brokenness. And to enter into that brokenness is almost like entering into a very sacred space, sacred place. It’s, that, that, I don’t know if that

¹⁰⁶ “Home,” Insight Prison Project, accessed January 9, 2018.
<http://www.insightprisonproject.org/trainings.html>.

¹⁰⁷ “A Restorative Justice Agency,” Insight Prison Project, accessed January 9, 2018.
<http://www.insightprisonproject.org/a-restorative-justice-agency.html>.

makes sense, right? Like how could...? It's like when we're going to the prison and you're sitting in these circles with these guy's experience of incarceration, in the midst of this lockdown facility you have to go through all this barb wire and stuff to get in there. But in the midst of all that brokenness and oppression and isolation and humiliation and violence there is a deep sense of the sacred. There is willingness, there's a space there that wants to grow.

A space that wants to grow, and which is fed by human connection. What ultimately grows is incarnational, as God is manifest within the relationships.

I think God is there. I think God is there in the midst of the suffering when we choose to put ourselves in the midst of that suffering. When I choose to enter in, right? I mean my entering in, the first real experience I had with ministry, after my twenties, was I was asked to help a gentleman do ministry inside a lockdown facility in a mental institution. I remember the first time being so scared, you know. We had to go through all these locked doors and security points, it was heavy lock down, and we found ourselves in the midst of this institution. All these people come shuffling out from wherever they were. Many of them doped up, drugged up, they were old, and young too. These people were just broken, just broken folks. Some of them not coherent, some of them incoherent. They all kind of came out and we would have these, what you would call worship services with music and share a word. And where is God in all that brokenness? All that mental illness? There were a lot of young folks in there. Young folks for whatever reason had become unstable. And where is God in all of that brokenness and suffering?

Well, I think there was a reason why we went inside there. Maybe God showed up when we showed up. Not to say that God can't exist inside a place like that but, you know, that notion of us committing ourselves to make our way inside where very few people even want to know about. Why would we do that?

This allegiance to the relational God, a god who holds us and desires us, with a tenderness that mirrors our earliest memories of being held securely by our loving grandmother, this has led David not only into work where he testifies to this with his presence, over and over again, but has also developed into a theology of belief and way of understanding his call, and the call of those who choose to respond to the God of love.

My theology is, my theology is deeply rooted in relationship with others, that in the end we are called to be in relationship with others. We talked about the two great commandments, "Love God" "Love your neighbor and love yourself," right. That love of neighbor helps to make that love of God more understandable

There is so much about God that we don't know that we can't say, right? That we can't even speak. But when I am sitting across from my neighbor there is more sense in that and the need for relationship there than my need for some divine existing in some way. I think God is found in that relational experience with the other. Without that relational experience with other, then what else do we have? What do we have? We've got this, intangible notion of a God who may or may not be in control.

Meaning is found in these places of holding, and doesn't abate the anxiety and chaos outside of this circle, but rather offers a lens of diffusion where it can be understood within a different paradigm.

These are people who have been separated from relationship. They've been cast out of relationship, like cast out of the garden. Right? And I think, for me, God, the Sacred, the Divine, God is always calling us back into relationships. I don't think God's best intention for humanity was to wander in the desert and have to scratch the Earth. I think God is always calling us back into relationship. And we have a responsibility in that I think. It is so easy to cast people out, and find people cast out of relationship, for whatever reason. For us to wander out into those spaces, and I'm still trying to figure this out, whether I am going out to the margins or whether I am going out to the center. Because what I found is the center of the sacredness exist out in those places where folks reside. Because there's this notion I got to go out and find them and bring them back... And to me, God is always the one who suggested that it wasn't about people coming back in, it was about us going out to meet them. Then when we do, God is incarnate, God is alive, right, God is real. And relationship is born. What I see happen in group inside prison, when you're sitting in circle with these men and something happens, powerful insight happens, and people are shedding tears, and shame and guilt, and pain and suffering is falling away and they're able to come back into relationship with themselves, because there is so much guilt and shame, they can't love themselves. That is happening we're still out there on the margins. We still out in the middle of the desert, in a lock down facility, but something magical is happening. A man is coming back into relationship with himself. And we're seeing each other differently for the first time. I think that is really what has to happen. It's not 'oh I got to get out of prison, I got to get back into society,' that'll happen maybe someday, but that powerful insight that change that happens that transforms a person from the inside out. I see it most strongly when it happens in the far away places. So, I don't know. I have the image of Jesus always moving out of the city, out of the city gates to go and reach that one person who everyone else had cast off. And to go out and get, and go out and just sit with that person. Not feel like you have to drag them back in but just to be with that person where they're at I think is really sacred. But you're going to find yourself in the midst of a whole lot of trauma and pain, you're going to find yourself knee deep. I think, it's like the story of the prodigal son. The conversion experience the prodigal son

happened when that kid was face down in the pig trough. I don't know what happened to him there in the pig trough but it was what happened to him there. It's not about what happened to him when he went home.

To find the sacred, then, is to follow this map where center and the margins are connected in an infinite Mobius strip, two paths that look distinct but which are really one. But, to get there one has to follow the pain and the trauma. While the secondary trauma symptoms that David experiences are not explicit, he is haunted by images from stories that he hears from the men and which are too easily equipped with furnishings from his own life – his house, his wife, his son.

Oh, yeah. I, yeah. It does creep in. You know, I heard one crime story that left, in the midst of sitting with this gentleman as he told his crime story, as I followed him through in my imagination, the house that he entered through the backdoor became my house. Then I began to think, all the time left my backslider open with my wife and child in there. And that left, not only took that, the visceral images of the crime that he committed, but it translated into my own life.

At another point in the interview:

You hear a lot of, in some of the work that I do you hear stories or recounts of persons crimes and, you know, you're not there so you're mind formulates its own imagery of what that might be like and those kind of stick with you. And, they stick with you. They can come back, you know. Whether you really want them to or not.

Or, similarly, memories or experiences the inmates share remind David of his own trauma.

What I've experienced more of than just the images, are experiences of, so, for example, in the facilitation that I do it causes one to go back in their childhood and to confront childhood trauma and identify childhood trauma in many, many different ways. I am more affected by that I think. Because when you have a man going back and uncovering his childhood experience and there's issues of abuse or verbal abuse or and other things, a lot of times its sexual abuse. There have been times when they are talking about similar things that really strike me personally because I had the same experience. That, that, so their trauma, I can identify with their trauma and so that causes me to react in a certain way. In a moment when I have to remain, in a sense the facilitator and professional, but all of that put together, you can leave a session really having, carrying that, not only the weight of their trauma but now their trauma has dredged up stuff.

David remembers one specific time, and how it “spilled out” into his life, specifically with his family:

I know one thing in particular, one experience in particular during this past 8 weeks was an incident like that where I had walked away from a session inside having heard a lot of things which kind of stirred up my own, my own trauma that I hold from my own childhood and you never know how that is going to spill out or spill over. It ended up spilling over, unfortunately, in a conversation I had with my mother, which did not end well and I thought wow that conversation got sideways really quick. We did not leave on very good terms. I realize looking back on some of the things that came out of me was some of that trauma from my childhood that was stirred up. So it was kind of dislodged and floated to the top and it ended up spilling out in a conversation with my mother, which I didn't intend for it to do. It just kind of got sideways and went there, so you know understanding in myself also that not everything is resolved in myself as well.

Even the seemingly random fate that allow for him to live a good life on the outside and for the men in the circle to be entrenched in violence that often times lead to a sentence of life in prison can haunt a person, as well as the knowledge of how systems of oppression collide to render some powerless against even as their crimes often clearly stem from the trauma that they have experienced.

David: I guess it's strange because often times I leave, I am able to leave that prison and they're not. And then I look at the course of my life and the course of their life. I very well could've been in their position, you know, some of the things I've come close to doing or considered or turns that I took could've, could've in a sense [pause] I've carried the same type of consequences from that trauma. I've carried the same kind of anger and frustration in my life and I know what that feels like. I may have done, made different turns, ended up in different place and I've spent considerable amount of time working on, through this stuff. But I know what it's like to carry the same kind of, for me, a lot of the residue of that trauma was anger. As a young man a very angry young rebellious young man. They carry that same kind of anger that got them to the place where they're at. I very well could've.

Karri: You came together in a space of trauma you could connect with, but then there was a divergence, but it would have been very easy for you to be there.

David: Yeah, Yeah. And when you look at their situation and when you look at them like that, we tend to put people away and declare that they're so, so different from the rest of the world, they are so different from us. But when you're sitting

there and you're working through these deep issues, you come to this place where you see, and you come a place where you see this criminal over here and I share the same trauma and residue of trauma as this person. Their trauma got them to this place and mine got me to this place. There's not much separation there. There is less separation than we tend to think.

In this observation is a hint of the optimism that David also identifies with, and which manifests in a belief creation is inherently good, and it is just differing experiences that cause people to act into certain roles. While humanity may be plagued with violence and trauma, it is not meant to be this way, but a result of past violence and trauma.

I think it goes back to my early upbringing. Biblical creation story has always been important to me. The fact that God saw everything that he created and he called it good, before everything went to hell in a hand basket, right, it was good. And I think, I have this insatiable notion that humanity is good. And then we learn different...I want to believe the best in humanity, I want to believe. I have always been called an idealist, that I kind of walk around with these idyllic notions of how things should be or could be, that it is really possible for something like the Kingdom of God to happen on Earth. I do believe those. I've been inspired by folks who've lived believing in that.

However, while the Kingdom of God is a vision that he can easily believe in, he is aware that he, as a white, male heterosexual upper-middle class person, might have a perspective in life that makes this less delusional than someone who experiences a less privileged existence.

So, it does, it [listening to trauma] makes you more aware, and a more keen sense of folks, and what can happen, and that fights with the other part of me that is continuously optimistic. And maybe it is because I am this white male, walking around with a sense of security that nobody can really get to me.

I work specifically inside the prison with men who are sex offenders. Many of them are sex offenders. And a colleague that I work with is female. How do those stories affect her? And I know that we've talked about it and I know that she's had, her experience of hearing those stories have affected her differently than they affected me. And how, you would have to ask her. I know her processing of those stories are different from mine because I imagine because she is a woman and these are crimes against a woman. So. Yeah.

The experience as a participant in our research group was not David's first encounter with The Compassion Practice, and I realized in our second interview, where we discuss the

effects of The Compassion Practice, generally and then in regards to his experience and work in a trauma exposure environment, that he had been using The Compassion Practice all along in his work, that in fact while he reported that he has trouble sometimes with intentionally sitting with the meditations and process a specific situation outside of the group, the practice has been internalized to an extent that he automatically frames experiences within the paradigm of The Compassion Practice, and its invitation to revisit one's own experiences and reactions (the U-turn) and work through the PULSE as one assesses what is happening and then seeks to offer compassion where one can, and where it is needed. In turn, he also offers this process to the other person he is with, or working with, and so easily offers this space of compassion to those around him whom he recognizes as having experienced trauma.

In the second interview he ended a reflection mentioning that, "Holding that young boy as I leave is always the case," referring to the knowledge that many of the men he works with were abandoned as children, in addition to experiencing trauma during key developmental times in their young lives, and this is the representation he often has as he sits with the men in prison, and then when he leaves them behind when he goes home. At this moment I realized he had internally done The Compassion Practice without naming it and asked him about this process.

In answering he made a motion with his hands:

K: It sounds like you are using the practice when you are with the men.

D: Mhm. Mhm. [affirmatively] You know, as you come to work those muscles, you also come to utilize them and draw from them. Sometimes without even knowing it right. So I think yeah, invariably, the more you do the practice the more you are carrying it with you and that awareness. You're carrying that awareness with you so that when you are in groups its engaged.

K: So when you just did the motion, like doing the circles with your hand going inward and outward, what was that?

D: Well I don't know, its like wheels turning.

K: Turning inside you so that is like automatic.

D: It's like automatic, it's like wheels turning in you, that once you're versed and immersed in the practice then, I think it kind of becomes engaged, like that transmission or that clutch. That's why my hands are turning like wheels. It becomes engaged and when you're in the midst of a situation like sitting in a circle with man inside and your level of awareness is raised and so you are listening. It helps to improve my deep listening and my presence. Right. Because what you want is genuine presence with folks. I think it has helped me to be more present and more engaged.

As we spoke more about the effects of The Compassion Practice in his work, David talked about the opportunity for transformation, a deep transformation that utilized the sacredness of the connection of presence plus trauma that he spoke of in the first interview, and allowed it to become something that is an obvious blessings, almost acting as the crucible that allows the true nature to be revealed.

D: Well there's at some level we carry that brokenness in a very traumatic way. In a very unhealthy way, right. That triggers us and causes us to lash out and hate ourselves and hate other people and not completely be ourselves or who we were meant to be. The practice in someway helps us to carry that brokenness in a different way in a liberative way. Where we're not acting, you still may be broken people needing our pair, but we're not acting out of that raw traumatic place, right, of hurt and pain where it causes us to be less than who we're meant to be and reactive.

K: Reactive, and all those things that disconnect us from people.

D: Yeah, yeah, and it brings us back into right relationship with people and with God.

K: I think there is something so important about what you said, and I experience that too, but it feels so important.

D: There's something there. There's something there. It [The Compassion Practice] helps us to carry our trauma, our past our trauma in a different way. Unless we expect that, we set everything down and we're completely saved and mended whole and we carry on.

K: [laughs] But I think you're right, it helps us reorient or something so that instead of acting out of that pain and trauma in a negative way it holds it up, like

in my mind when we're talking it's holding it up as something to connect to.

D: Yeah. So, yeah. There was a period in my life when I carried that trauma as a chip on my shoulder as a weight of anger and frustration causing me to lash out in ways but today I carry it differently. It's almost like it's a tool, it's a gift! A gift that allows me to understand folks, right?

K: Yes.

D: It's a gift that allows me to connect with folks in very deep meaningful ways. And to allow myself to be vulnerable to them. Which allows me to journey with them and understand that. I know what it's like to sit and be confused and be no light at the end of the tunnel. I'll journey with you a little further and help you find the same thing that I have found and here are some tools.

K: It feels like those spaces that trauma then becomes that road, like it shines the light ahead of you, it shows you something else.

D: Isn't that interesting? That all the trauma you've experienced becomes a beacon, right. Something illuminating...a tool...a light that helps give direction on that road to liberation.

K: It's like, what's been transformed from The Compassion Practice into...

D: It is. It's almost like it's been defanged. It's become your pet that you can now hold. It's like the abominable snowman! In Rudolph the Red-Nosed Reindeer.

K: [laughs] Is it?! I don't remember that story

D: What?!

K: I remember seeing it, I don't remember the snowman, I remember Rudolph.

S: Okay, so Rudolph, yeah and he goes off to the Island of Misfits, right, but there is this abominable snowman that lives in the mountains after them. And he's got fangs and "grr," like that, and then Yukon Cornelius who's that guy who meets up with Rudolph and the little dentist elf and he helps navigate them back to Santa's village. And Yukon Cornelius has this confrontation with the abominable snowman and the dentist elf, and they have this encounter where Yukon kind of protects the rest from this big beast, but they end up falling over the cliff with the dentist and they are gone forever. And Rudolph makes his way back to Santa's village and the last scene is Yukon reappearing at Santa's house and coming through the door and saying "Look who I brought with me," and it was the abominable snowman but the dentist, the little dentist elf had pulled out all of his teeth. So he was just this really, mumbling bumbling wonderful warm, cozy, cuddly. Something had to happen when they fell over that cliff and he brought

back the real, and it was nothing to be afraid of at all. So the fangs, something happened that transformed that abominable snowman from this vicious terrifying thing to this warm cuddly, big cuddly thing, that was able to do something that nobody else could do. And that was the very end last scene, he was the only one who could reach up to the top of the Christmas tree and put the star on the top because he was tall enough. [laughs]

The abominable snowman appeared large and scary, but defanging him allowed this size to be seen in a different way and actually allowed for others to receive a gift that only his size could give. The connection through trauma that David experienced with the men, and the sacredness of this space, called as a beacon to him but was still a space of trauma and pain, and thus able to harm him in various ways that can be seen in the symptoms of secondary trauma that he experienced, and which then were at times passed to others through reactivity. The Compassion Practice functioned in the crucial spaces to allow him to follow the beacon by providing tools that allowed the transformation of the trauma so its true nature could be recognized, and it allowed connection and a path to the Sacred to emerge more fully. It, as David commented, defanged the experience so the trauma would not harm him, and could instead provide a holding space of intimacy, where one is truly known, and where love can grow.

David speaks more personally about how he experienced this transformation during the time of our class.

D: ... So one of the things, the transformative things that happened to me over this 8 weeks was an image of myself that I've never seen before. It rose in one of the initial practices and then was there with me in the last practice when we were talking about what is the work of compassion we need to do... So, this image of my self, the hurt young boy took on the image of a wild, ravenous black dog, who had snarly fangs, and he was keeping everybody at bay and everybody was afraid of him and he would lash out and nobody could come close enough to pet him. That dog was transformed into, the dog settled down and he, his jowls came down and covered his fangs and he started to, his tongue came out and he was wagging his tail and you could pet him.

K: That's beautiful.

D: I'd never seen that image. So much of a part, so much of my life I had been running around like that, snarling, growling dog. Partly because I don't want anybody to pet me. Maybe because I don't think that I deserved to be petted, that this is who I am, a snarling dog. Then I did the work around my immediate family members, that group of folks, especially my mother and my siblings.

K: Did they get bit by the dog?

D: Oh yes, they've been ravaged by the dog. And the dog keeps them at bay.

K: Keeps that 7-year-old safe.

D: Yeah. So, part of my hope for the practice was, is that the other night I envisioned, they were all standing in a circle, out in the snow for some reason in the woods, maybe much like the scenes from Rudolph the Red-Nosed Reindeer! They're all sitting and here's this ravenous dog prowling around right and he moves into the circle, and I, I wrote on my card, my hope is that the dog will allow others to pet him. In my work and in my imagination the dog loosened up and begin to go up to each person and rub up against them. I envisioned each, like my sister and my mother taking the dog by the neck and petting him. And the dog is just laying there and allowing himself to be petted and then he would scamper off to the next person.

The Compassion Practice allowed the dog to transform from the protective, ravenous dog to one that wants to seek relationship, to be petted, and which, ultimately, allows David to rest into his true self in the truth of his life experiences, which do involve traumas that he has experienced growing up, and which, he believes, also allow him to connect in ways he would not have been able to otherwise, connections that are made in the midst of his and others experience of trauma, and which reveal the Sacred that lies in the heart of suffering, waiting for transformation.

Lisa¹⁰⁸

Like David, Lisa is a clergy person in a mainstream Protestant denomination in Southern California, and serves at a church in South Orange County. In speaking about her current call,

¹⁰⁸ Lisa is a European-American woman who is married to her wife of several years and is in her early-fifties.

she says

Currently I pastor a church in a very conservative part of southern California, and we have gone through some painful realizations to realize we are one of two progressive churches in town. One of two openly welcoming to the LGBT community. I imagine not many people in our community are pro-immigrant, I don't know that my church really is either. But we will talk about it more. We wonder how we are going to talk about Black Lives Matter when there are almost no black people in our city. But it came up in a counsel meeting last week. I feel like we should be talking about race and I don't know how to do it when we're all white, and that all of our neighbors are white. I didn't bring it up. Somebody else did. So we are trying to find our way as pushing gospel harder into more difficult places.

She did not start her spiritual and religious life in the Lutheran church, and in fact recalls growing up in a Dutch Christian Reformed Church where pushing the gospel into difficult places was not the norm.

My faith was, like I said, sort of constant and real and a little bit 10 feet above the ground. It wasn't lived as much as, like it didn't have, you didn't wrestle with God. That was sort of against the rules. And yet it was comforting, and just in your DNA.

Part of the comfort came from the fact that her known community as a child was closely connected to Dutch immigrants, and the ethnic and religious components of her life were tightly integrated.. Her father was a first-generation immigrant, and both parents were devout. She recalls,

Our faith community growing up was very pervasive. It was 7 days a week. We only went to church on Sunday. Although for a while we went Sunday night also. There was not like a mid-week bible study or anything like that. But prayer in the home, bible reading, devotions at dinner, that kind of thing.

However, like many young adults, she felt herself wandering outside the boundaries of her childhood faith, and then outside of faith all together. Her first stop was at a Baptist church, where she found a much desired emotional aspect to religion, but then, as she began to develop an identity as a lesbian, even this new expression could not hold her religious experiences and

her evolving understanding of who she was being called into as a gay woman. She spoke about that time, and her transition after many years into the Lutheran church.

And so my departure from the church has a bit to do with me realizing that I was lesbian. But I think also that it was pretty typical life got in the way. And the sort of Sunday school version of who God and Jesus were wasn't kind of making it work. So, I spent about 10 years away from the church, really almost 15. I tell the story that it was about 18 years before I was actively engaged again in church. The story I tell is, and I've told it two weeks ago in church again, I was about 18 years away from the church figuring out my sexuality, thinking that no church will ever want me, coming back into an ELCA Lutheran Church and now high church, sacramental, at the alter, kneeling at the rail to receive communion. And surprised that I could bear liturgy because I had been raised in a very antipapal, very suspicion of liturgical church and here I was at the rail, kneeling, and people around me were weeping, and I was like this is a thing, something is real here. And I said to God, I am really sorry that I've been away for 18 years, and as clear as day God said "It's been 1 second to me."

Over the next several years, Lisa discerned a call to ministry and completed seminary.

During this time she met her current wife, Melissa, they were married, and within a few years they discerned a call to adopt a teenager. They eventually adopted Tom, who had experienced a wide range of traumas in his youth, which was largely spent in and out of foster placements. Lisa, a pastor, and Melissa, a seasoned social worker, both came to the adoption knowing the realities of what was involved in expanding their family to include someone with Tom's background, and they also called into this relationship by God. Their experience, however, has not only been defined by Tom's experiences with trauma and their relationship with him, but by the primary trauma that they now experience in their family through violence that he brings with him, violence that is largely a response to the abuse he experienced when he was young but is still reacting to via attachment issues and neurophysiological consequences that he carries. The belief that this was a vocation, combined with the destruction they have faced, brings a special kind of grief to both of them. She reflects on this situation,

Both Melissa and I felt extraordinarily called to older, potentially gay, kids. Tom

is not gay. We felt absolutely called to it. And it's been very painful and very hard. The thing I suffer with the most is, Melissa wanted to have a child she could teach and I wanted a child I could play with, and he can't do either. So we are still so frustrated and sad about that. Because yes, it feels very much like a vocation. Now it just feels like a burden. Because there was a time when we were like this sucks, but we're helping society. Now we just go, this sucks. I hope that somewhere in there is a, see, I don't know, I don't know if we will ever go, "Oh this is the thing, this is our strength, or this is our ability." She's so tenacious. I think that's the strength of it. She will not give up on him. I would like to give up on him and so there is that sort of agony of "Oh my god I suck." But I assume when it's all said and done, there will be something that makes sense to us vocationally. She's changing her career, positively, because of it. I imagine, I'm sure my career is shaped by it. But I haven't seen sort of the obvious, I mean we are only 4 years into it. There's more to come. But, yes, we feel very called to it. And its been a miserable call [laughs], you know?!

Coming into the project, Lisa expresses frustration and hope. Frustration in that, for years, the only advice they have received for coping with the trauma that comes with their son, and specifically the secondary trauma, is to take better care of themselves. She recalls

I can just remember years, two years with the therapist where I say, "Seriously, the only thing you're going to tell me to do is take care of myself, like seriously this is the answer? There is not fixing him? I just have to exercise more?" It's just hard.

Hearing over and over again that the only recourse was, as Lisa states, exercise, was not a hopeful space. And hope continued to diminish with each treatment for Tom that was unsuccessful, and especially as he continued to age and it became clear that he was far from being able to care for himself as an independent adult, and their responsibility for him would not become easier. In addition, Melissa and Lisa attended a support group for parents of foster-adoptive children, a group where she felt she could be honest about how the situation with Tom effected her and how she felt about it, but which also held a lot of trauma within it also, as most participants in the group struggled as they did with children who had experienced lives of trauma, which they all felt within the boundaries of their families and which reminded Lisa of the extensive effect of trauma. At one point in the interview she shares

I'm not kidding I loved the not knowing [about trauma and its effects]. And now I know. I can't even say I wish I didn't know. I just do. But it can be overwhelming. Now I grieve trauma. I really grieve injured people injuring others, that exponential pain is almost more than I can bear.

As the hopelessness became more real to her, she even requested that the support group not use the word hope for awhile, because for her there was none.

Lisa: But you know, I, we joked about it, but I wouldn't let them say the work hope in the room for a long time.

Karri: What did it do when you heard it?

B: Because I was like there is none. Please don't tell me there is. And they honored it! You know. She would occasionally go, "Lisa I'm sorry but there is some hope here," and, finally after several months when I started to feel better, she was like do I dare say a little tiny, I go "I know there was a little hope in there!" But you know I really was like please don't go there. That was really hard for Melissa. She would be like, "You're a pastor, how do you have no hope?" How is that even possible? Here we are! [laughs] That was really disillusioning for her, it was very frightening, probably

However, as she came to the research project, she expressed hope that this work might be able to provide practices that would at least hint at tangible relief.

I will tell you, and I'll really be curious how it is 8 weeks into it. For whatever reason, this moment in time, knowing that the trauma has changed my worldview and changed the shape of my brain. And I've said that to Melissa, I'm damaged. I'm hurt and my brain is different. And she said a couple of months ago, but you and I can heal, and for the first time I can hear it and think, yeah I can change the shape of my brain again. To have this practice come right now, I think I'm going to do it, I'm going to change the shape of my brain. And I could not have even thought about it a few months ago. I would have been like, it's over, I'm just damaged. So the hope of healing in this way.

While this research project does hope to provide real practices that can specifically address the dynamic of secondary trauma, Lisa and Melissa are slightly unusual, as they have received some support in this area, where many who have experienced secondary trauma within personal relationships have not even heard of trauma exposure. Because Melissa has experience in social work, and appreciates being prepared, she and Lisa took extra classes prior to adopting

that prepared them for the behavior and needs of children who experienced abuse.

The agency that we went through in teaching us to be foster parents, spent a lot of time talking about grief, and loss, and vicarious trauma. And our kids are going to tell us stories that are going to horrify us and expect that it will hurt you in ways that you don't expect. And we got a little about that. And you spent time like 'why would we ever be foster parents, this sounds terrible.' Then, not on a whim, on my wife's need to know more, we agreed to take an additional set of training for ITFC – Intensive Foster Care Children – with no intention of having one. That spent a lot of time in sort of verbal violence, sexual abuse that the children may have experienced and what that was going to look like and what that might act out in. We did a lot of role playing around kids abusing each other in the home because they were acting out crap from their past, those kind of things. That helped us know that it was real. We couldn't know it completely but at least we were sort of made aware of and then once we got a child who was ITFC and deeply traumatized, pretty quickly the therapy did a little bit of "here's some steps to help him," but it was mostly here's stuff to save yourself.

And, as mentioned above, they were able to participate in a support group for parents of adoptive children, which she and another member of the research group attended together.

One of the experiences of foster and adoptive parents who are raising children who experienced trauma is isolation, which Lisa says is part of one of the most difficult dynamics, and which also involves shame. As traumatized individuals act out, either children or adults, their behavior can be, at the lower end of the spectrum challenging, or, at the higher end, violent and also traumatizing, as in the case with Tom and the violence he introduced to Lisa's family. For parents of young children this might manifest as children who are difficult to be around, and the family slowly begins to isolate as they decline social and family invitations, finding it easier to stay at home alone rather than to have to explain or contain behavior that is not socially appropriate.

Additionally, parents may have feelings about their children, or the decision to bring the child into the family, which is not socially appropriate, but because these feelings of not wanting children are not condoned in our culture, especially from mothers. Socially, to say that you do

not like your child, or wish that you had not adopted them, is to invite condemnation and shame, even if it is not voiced. This also invites isolation, as the parent either begins to avoid close relationships where this might come up, or even just declines to express how they really feel about one of the most important relationships in their lives.

This was also Lisa's experience, and one of the features of the support group was that it allowed her to stay in relationship while expressing her true feelings about her son and their family life.

Yeah. I mean, in wanting to change being so hopeless I thought part of it is because I think I've seen the look in a couple of friends' eyes, "I can't bear it anymore, I can't hear how unhappy you are." I respect that. The family support group that we're apart of, for most of us, is the sole, real empathy of what's going on. I think that that isolation is there. Because there is so much shame around not liking having kids. It's so embarrassing. In our group, we kind of dance around it. I mean, I'll say it out right and no one will say "me too." But I think we all kind of feel it. And we all sort of back off from it. And look, I blame God instead of saying I am in agony I hate that I have a kid. So I go why is God being so mean when really it's I feel bad that I really hate this.

In elaborating on the challenge who she talks to about the situation, or having options that seem realistic, she says

I haven't. You know. I mean I tell you. Or I have told you or I've hinted at it before. I'm not completely sure where I want to go with it. Because do I go say to a childless pastor, is that good? Probably not. A parent pastor, I don't know? It shouldn't be a pastor but you go, who can I say this to? Health care, mental health care professionals within the foster care system could hear it. There was a time before he was adopted I could've said that and they could say let's talk about taking him out of the home. Now everyone goes, well sucks to be you. [laughs] Well, there's no out, really. I mean there is. It's not one we want to take.

On the more specific topic of shame regarding regretting an adoption that she and her wife wanted so badly, and went through a lengthy process to achieve,

He's 19. But yeah. So isolation is a huge part of it and all of the shame of all the different feelings. And that we worked really hard to get this kid and now I wish I could give him back. And another real part of foster care, is because you spend at least a year if not longer with observation in which the child could be removed at

any point for a violation or whatever, you're hyper-sensitive about being watched. And even when that goes away, you're still hyper-sensitive about it. It was a long time before we realized that somebody wasn't going to swoop in and say this placement is over. Because you know, and Jesse [the other foster-adoptive parent in the group, who is also in her support group] struggles with that a lot. She's still in the middle of it with the last one but you know.

The hopelessness is palatable in these passages, and illustrates the unique pain that comes with secondary trauma with foster and adoptive children who bring trauma with them, and the hope that Lisa felt when beginning the project seems remarkable in light of her truth.

While isolation and shame are some of the symptoms of secondary trauma, there are others, and others that Lisa experienced. One of the symptoms that hit her hardest was a change in worldview.

To me the big horror of secondary trauma is the change of worldview. You know. It was, yeah, 6 months ago maybe a year ago, where I was like oh my god, Melissa is going to change the world and all I know is God is an asshole. And I was like wow that's a huge change in worldview, right? To say that God is just a complete jerk... yeah, it's changed my world view. I have said a thousand times I was really happy not realizing the world was such a horrible place. And so, I would say, hopelessness comes and goes, and God is being so persistent in bringing joy and hope to my life that I go oh ok, I won't be completely hopeless. You know, like there's too many other beautiful things going on which I think is a huge gift. But I have certainly distractibility, irritability.

We can sense in her words the heaviness, the pull, which this worldview shaped by trauma has introduced to her life. We can also see the resilience of hope, wanting to push out or pull her out, but the effort seems great. Another area where it seems there is energy expended is the part of her that just does not want to know, or care, because it seems too painful. While she states she does not experience numbing, the pseudo-numbing that she does experience seems like a reaction to the secondary trauma.

I would say not numbing. I would say occasionally my defense mechanism is pretending to have apathy. But I wouldn't say numbing. That's fine, I'm out, then I am never out, but I want to be. And have asked for it. And prayed for it, God

please just take it away. Just take him away, he has to go...But that sort of more abdication than apathy, please I can't do this any more.

These symptoms also come to play in her relationship with her wife. Lisa is grateful that, shortly after they were married, they engaged in couples counseling to increase their tolerance of conflict in their relationship and, in a sense, to ‘learn how to fight.’ This skill has become important in how they deal with the conflict surrounding Tom. When asked to talk more about how the secondary trauma has affected their relationship, she reflects

It sharpened our differences in dealing with stress. In that she is still very much a lets be logical and come up with a plan and I want to scream and yell. And we are fortunate enough at this point, 8 years into it, 4 years with a child, to be able to sort of honor and bear that but we really had to know [inaudible word] sort of different but its ok. But I worry that if the stress continues without relief or change that at some point that all might just become too much to bear. We really can stand that the two of us are different and we can sort of point it out. Like, oh you know, like I have to say to her I want to just point out that you stopped talking about my feelings and talked about we are going to call the therapist or we're going to change his meds, can we talk about my feelings again. That kind of thing. And currently, and again with fatigue it could go away, I am too much of a bummer. I realize I am bringing too much emotion to the thing. But I would say that is the big part of it. And thank God we had couples therapy years before we knew Tom, where the couple's therapist constantly warned about the third leg of the stool, of the relationship, and what is that third leg, you've got Melissa, you've got Lisa, what's the third thing? And the relationship should be the third thing but it's usually a child or money or whatever so be careful. Because of that we're constantly, not constantly, but we frequently go, yeah he's become too much the third leg of this relationship.

And, about they feel differently about what is happening with him,

I have a sense that something has to shift. And I was sort of thinking maybe it should be him going away. Melissa, that would really really hurt her. And she talks about it a lot. When he was in jail I was relieved and she was desperate, so I don't really want him to go to jail because I don't want her to be that miserable. She was really unhappy. So here we are.

While Lisa and Melissa have good interpersonal skills, and have worked to develop skills as a couple that mediate to some degree the experience of having Tom in their lives, his behavior and issues just take up a lot of space. When he is being violent in their house, they have to stop

and address the situation. When he and his girlfriend are fighting, they sometimes have to step in there as it can sometimes get verbally fraught. When he was in jail they had to arrange care for him in that situation. And, as Lisa indicates, it is a lot, and there is concern that at one point it will be too much. As Lisa and Melissa see resolution in different areas, for example, when Tom was in jail Lisa felt relief to some degree because the criminal system was stepping in and shouldering some of the burden, for Melissa this was a time of increased concern. While they have learned how to connect with each other and communicate their needs and tolerate conflict in their relationship, if the “third leg” of the relationship gets too big it can still destabilize the other two legs. And, if they are experiencing different fears and hopes regarding what a realistic but satisfying future might look like, supporting each other in this might also be difficult.

Another place where we can see how secondary trauma has manifest in her life is through her spirituality and relationship with God. While Lisa has for much of her life has felt closeness with God, at one point in the interviews she mentions that her prayer often takes the form of a running conversation with God all day, her introduction to trauma, growing knowledge of how it affects people and families, and the impact it has had on her personally, has changed the way she sees God, which she sometimes refers to a ‘Dark God.’ As a Lutheran, her theology is very incarnational, and emphasizes the suffering on the cross, which provides strength and the opportunity for more personal connections with God.

Lutherans are very incarnational Christians....the theology of the cross comes from Lutheran thinking, which is God died. God suffered and bled and died. And we do ourselves and God a disservice to skip Good Friday. We have to stay at the cross and know that truth is at the cross; the truth is not in glory but in suffering. It's a much more painful, a much more honest, if we get it right a much more honest, and can say this: God who came down and died for us and rose from the dead and lifts us up too. I love it because it's much more, like, I say we can trust Jesus because he told the truth. Life sucks and God loves us. Both things are true!

Being so close to trauma, however, has deepened certain facets of this theology and emphasized the suffering that God is part of, and which God sometimes asks us to witness.

During our first interview she shares,

I currently think God is calling me to witness. And I am frightened that God is calling me to witness the destruction of a human being. And it may not go that way. I will say in the last 6 months I wonder a lot about, what if God only trusts some of us to show us God's dark side. I find that to be really interesting and beautiful. Because I kind of think, God trusted me enough to say, guess what, I'm actually an asshole. And I think there is something probably very mentally not ok with that, but I feel honored to know that God has a dark side. Vocationally I think there is something there too, but I haven't really gotten the answer, but that feels like the new secret. And we are in a parent support group, where parents come in tell us *horrible* stories. And anymore when they are talking, I think, God is trusting us with this information. Not this horrible thing that happened to them, but God is trusting us to know that God is here and its shitty. I don't know what's suppose to come of that but there is something really, really profound. And if you think about our most gifted church fathers and mothers, they knew God's desperately dark side. I wonder about that. Because it's so twisted right? But there is something really beautiful about this horrible side of God. And so I am wondering about that.

From these words we can see that Lisa is sitting with this knowing, and wondering about it, as she says, in a profound way. This new experience of the world is opening space for a new experience of God, and she finds this opportunity one that is enough of an honor to sit with it, even struggle with it and its implication, or allow for a greater understanding.

Asked about these new understandings and their relationship to God's power, she elaborates a bit, and then says,

But look at it, you can hear me sort of wrestling with it. Because I also say God brought us to Tom. I think God put us and Tom together, I really do. So is that a plan? I am very much a...I wouldn't say God is a puppet master but I often also think of God as moving chess pieces around. And I know not everybody feels that way. But yeah. I would say that's a big part of it.

Still in process about how this works, she feels a gratitude for this difficult work she is engaging in, her growing understanding of God in the world and how it changes the shape of her internal capacity for God and the world.

B: ... I would say my experience with trauma makes me adore the theology of the cross more because I say I suffer more than I used to and Jesus suffered more than I let in, before. So I suppose that, that joining with the suffering Christ has been a good thing.

K: What is the invitation in the suffering?

B: My suffering or contemplating his?

K: Either

B: [pause] I would say, and I suppose it's me and Jesus, but I would say the suffering, my experience with suffering is that it digs, it carves us out, and creates a larger vessel. We are removed, or our expectation or our own ability is removed and a deeper, a bigger vessel is created which then can now hold more. It can hold more spirit. It can hold more compassion. The metaphor only falls apart when you say, I am holding more and therefore I actually am more, but I am less. But I would say suffering, scoops us out. Lets imagine the same thing happened to Jesus. He was already a pretty great vessel. And in death and dying became even greater, an even greater vessel.

K: It sounds like, when you remind me of the wideness of God, God's goodness, and the evil that God's and that for your suffering you can actually experience that more.

B: Yeah. It was sort of a description I used today with [her spiritual director] talking about suffering, and sort of I had to widen out so I could get to places where God was that not everybody gets to. This really kind of lousy part of God, and sort of in the expansion and in my experience through suffering I found that.

The experience of God's dark side seen in the trauma she is exposed to has allowed her to have experiences of God that are new, and that are changing her.

Following best practices for secondary trauma, Lisa has practiced self-care, and often finds outdoor exercise to be helpful, and is also mindful that such exercises as running also provide "bilateral stimulation" which has been shown to support emotional regulation and resilience.

I am most successful with outdoor exercise. I run a lot. The quality of that experience has changed as I need. Sometimes it's about having a goal that I can just do. And sometimes it's probably just about time away. And sometimes it's about being outside. Frequently it's bilateral stimulation. So I sort of name it as all

of those different things as needed. Sometimes it's just sleep aid. It's got a lot of benefits. I also prefer to be able to spend a little time, not a lot, 10-15 minutes a day in devotional reading. And I have mixed results with centering prayer or meditation. I do think it helps. I've never been able to do it in a disciplined way. And I sense if I did it would only improve my experience.

She also finds quiet, meditative prayer helpful, and finds both centering prayer and image-based prayer to suit her personally, and feels a connection during these times that seems to support her and provide strength and the comfort of a sacred presence that allows her to continue during difficult times. When asked what she experienced during her time of prayer, she answers

I would say a filling up. A certain affection. When I was grieving a lot after, and I think it was after my divorce, I went to Huntington Garden, again, walking outside, and I stood for a long time in the, I'm going to call them barrel cactus, that's not what they are but they are these little squat cactus and there are 100s of them, and I just stood there. For a really long time. And I swear the cactus said to me 'there there.' I think that sort of, prayer is for me that "there there" there's a certain patting on the back that's "I'm here too." I would say that is a huge part of it. In Thomas Keaton's book on centering prayer, he warns, any good ideas you get during centering prayer is not centering prayer, and yet I get a lot of good prayers during centering prayer. I sort of take them as gifts but I know I am not successful in that moment. But I would say that it is mostly a refilling, again he calls it a returning to the reservoir to get more water to go back out. I would say it's mostly that.

However, the self-care of exercise and meditation still left her feeling like she needed some other form of addressing the secondary trauma, and this led her to committing her time and energy when I asked her to consider being a participant in the research. As mentioned before, Lisa was very hopeful as she began the project, and at the second interview right after the group had ended reflected again on her hopes going into the group and what she had experienced.

But I think I might have hoped in the 8 weeks that I could find a new tenderness for him [Tom]. What I find helpful about this practice is that I can have compassion for myself. "Oh you don't? Well that's ok," you know. And what wonderful reasons why. I think that's been good, and yet, and I think maybe that's been part of the healing also, saying look the tenderness is not coming and it's appropriate and its good reason or whatever and to not have as much shame

around that, I think is probably a continuation of healing that has already been happening for me.

One of the biggest changes that happened during the eight-week course was that Lisa decided to pursue treatment for low-grade depression that she had been experiencing for several years.

...while I have been in this 8 weeks I would say, I have decided to pursue a treatment for depression, which may or may not be accurate. We are sort of experimenting with it. There's been a lot more sleeplessness. There's been a lot more fatigue because of the sleeplessness probably....I've always wondered about meditation, brain activity and insomnia. As we stimulate, do things happen? I'm not surprised that as we are working in this area also things have happened in my way of being in the world. I mean is it coincidence or not? I'm not sure. I would say in the meditations I think there was a little bit of space given for compassion for me to sort of care a bit for that piece of me. That may have opened up because of working and may have not.

While with all the changes that occurred the reasons behind it were always tentative, which is consistent with much research, Lisa speculated that the self-compassion she was able to cultivate during the group allowed her to take steps to alleviate her own suffering. She also speaks of a compassionate stance that allows her to accept her son more, and the situation, although not the behavior. This leads to more hope.

I also feel, and I would argue that this is a compassionate stance...that in the last few weeks I have maybe come to accept maybe a little bit more of my son's disability and behavior, not behavior, I don't think I would accept his behavior. I wonder again is that just more time? Or has this helped with that? And I'm not sure. I would say, hopeful, maybe less so, but I suppose also having a more realistic view of what's going on I suppose does provide some hope because you're not fighting against, you're not fighting against what you wish would be true that's not.

It seems the practices allowed her to see the situation from a more grounded perspective, and as there was less reactivity there was more energy around what was happening versus what she wanted to be happening, or feared was happening. Ironically, being with what was going on allowed more hope, and more connection, to herself and to Tom. She remarked on the difference

between the tools that The Compassion Practice offered versus the tools she learned in the support group for parents that she and her wife attended, which also encouraged mindfulness of what was happening. She speaks of the differences here, ones that Jessie, the other member of the research group who attends the parenting classes, also noticed.

B: Yeah because we're always so trying to understand, and instead of just naming, because naming is kind of the thing, in that parenting class. Once you figure out what's pissing you off, maybe you won't be as pissed off. This [The Compassion Practice] has got a little bit more, "Okay, of course you're a little bit pissed off. That poor tender part of you that's hurting. Of course." My own trigger is when we are doing the pulse, and you have to be like "What's the aching need that they have?" There's a part of me that goes I am so tired of Tom's aching need I want to die. Then I go, "Okay, so turn it back on poor tired peace loving needs a little bit of sacred, because of course everything he does is an aching need. Of course." It's just too much, and it's always been. I really don't have as much kindness for that as I could. And now instead of being God, I'm an ass because I don't have enough kindness and compassion for this aching bleeding wound of a man in my house, I kind of go, "Yeah I don't!" [Laughs]

K: It sounds like it cuts out the shame.

B: Yeah. Yeah. Yeah.

K: Which is huge.

B: Yeah. I mean it's everything right.

Speaking about the

Yeah because, I mean, Jennifer¹⁰⁹ might say the same thing, so often in parenting class, you say I got angry because blah blah blah, and I'm such a jerk. We're so bad at this because we can't stop being a jerk. You're stuck then. We're terrible at this and our kids are suffering and it's terrible. Instead to say we're exhausted...but even that, I've said that to you, to anybody, that I'm pissed off that the only intervention is to take care of yourself. But when the compassion is

¹⁰⁹ While Jennifer did not participate in the formal interviews, as she was not sure she would have the time to commit, I did interview her once at the end to get her thoughts on the group and what she was taking away. Although she had engaged in ongoing therapy and any self-help approach she could find to help support her with the ongoing secondary trauma exposure she experienced through her adopted children, she said it was not until The Compassion Practice that she understood what self-care really meant, with the defining dynamic being a compassionate stance toward one's self.

like, “Oh my god, you need a hot cup of tea and a pillow.” Instead of being like what’s wrong with you for being tired, let me care for you because you’re tired. The difference is in that.

While understanding the situation, or the reason behind the situation, diffused some of the emotion, the wound behind the emotion was still left to ache, and the person’s emotional system then would be aware of the ache and have reactions about that ache, often shame about the fact that it existed or because Lisa could not make it go away, which sometimes compounded the situation. With The Compassion Practice, the invitation was to provide a compassionate stance in response to understanding, and then, if the person desired, to a Sacred image in to offer additional presence to the wounded part. In The Compassion Practice, the parenting group that Lisa and her friend Jessie took part in offered support within a group setting, which is crucial, especially considering the isolation that adoptive families in this situation sometimes experience, but stopped at the ‘Understanding’ phase of the PULSE movement. So, for them, they learned how to ‘Pay Attention’ and ‘Understand,’ but did not then move on to ‘Love,’ or inviting the ‘Sacred’ in, or ‘Embody’ new life. This was the difference that both Lisa and Jessie noticed, and one which made a substantial difference.

I think, Jennifer also agreed, which I was really delighted by, that what we have [in the parenting group] is sort of pay attention, be patient... be curious and empathize. Empathy and compassion are different. I think the process has always been awareness. Right. Brain awareness. Maybe physical, “Oh my heart’s pounding,” but we don’t spend a lot of time in that, we might say “I’m triggered, and I wonder why,” but I think there is a judgment. It’s the difference between judging and sensing, I judge it and I know I am triggered because he is making me angry because I feel helpless because I can’t get him to do what I want him to do. And I think in The Compassion Practice it’s a bit more of what longing do I have for the fact that I can’t get him to do what I want him to do. As opposed just saying he won’t do what I want him to do and that’s making me angry, which is still some insight, but now it’s like oh, I’m angry because when I’m not heard I feel small. I’m angry because when I was a little kid, no-one ever listened to me when I was screaming in the locked closet. Or whatever. I think that this practice layers on more tenderness around the person experiencing it. Instead of just knowing, there’s a care for that thing that you know. I think that’s the big

difference.

In addition to the PULSE, Lisa found the FLAG to be helpful, especially the question regarding the last questions regarding stifled gifts. As mentioned before, when they decided to adopt a child one of the things that Lisa and Melissa looked forward to was, for Lisa, playing with the child, and for Melissa, teaching the child, and Tom is unable to do either one. Both of these gifts are ones that come from an inherent place within both of them, and speak to their desire to offer another person, a child, their best selves. That they could not do this was an ache that was not fully realized in all its manifestations because this simple question is not often asked when one is trying to understand a situation.

L: Oh yeah. Agony. You know you just think this was the thing we were bringing to a child and neither of us get to bring the thing we thought was our greatest gift has just been maddening. I think even just having language toward that.

K: When you talk about the thing you could bring to the child, what is that thing? Could you just talk about that?

This concept of a stifled gift also helped Lisa understand and offer compassion to another aspect of their experience of having Tom as their son, and this led to imagery around a Native American woman who had invited people into her land, only to have them desecrate it. Lisa speaks about this meditation, and how it extends to her situation with Tom,

In the imaging she didn't go off and find new land but there was comfort in knowing it would be there when she needed it. I think in terms of being with her with her feelings as I can certainly relate to. There was the I wanted to be kind, I wanted to bring a gift and the sort of confusion of how did this go so badly. I think also the honest assessment of, I mean I really like the desecration of the land because it's not just an injury to the woman, it's the land and the sacred, and everything is, you know, a lot of things are hurt by this behavior and not just her idea or her house or something like that. I kind of really appreciated that, it kind of goes back to that of course you feel terrible because it was something of many layers happening. Or has happened.

The image held her experience of the trauma that came with Tom, and how their gift of home and family was not only not received, but it was desecrated, and the violence has far reaching effects. This image affirmed her experience, allowed other aspects of her experience that had not been articulated to be named, and offered her hope in a shared experience and the offering of land that was still untouched, and which she could access if needed. This image offers hints of deep resources still available to her and others that can never be destroyed.

In the third interview, Lisa names some changes that reduce her symptoms, which she reports as helpful. Her worldview seems to have gotten “a little less dark,” and acceptance of their situation has continued to increase. Her relationships have changed, offering more space and compassion.

I feel like I have more mental space. I had time for, I’ve been more creative in the last month than I’ve been in a couple of years and I go, is that a coincidence I feel like there’s more space? I don’t think my brain has gotten bigger, I just think that pieces that were holding more of it have been able to be contained to a smaller space. And Melissa and I have been able to be more thoughtful about what we’ve been feeling and thinking in our positions, we’ve been able to unpack things a little bit deeper than I think we sometimes have.

About her relationship with Tom, she reflects,

I would say probably the number one reason [she feels more compassion] is because I have a little less fear, right. I don’t feel so threatened so I can take a little bit of a break. Like I described to you, we went on this trip to Seattle and got a little bit more of a glimpse into his emotional life and felt a lot of compassion around it. And actually...kind of wish I didn’t. It was a little easier to be angry at him and want to have distance from him because I didn’t have to let in this pain. It was protecting to sort of remove that protection, I went “Oh this is better and boy is this sad.” Went “Oh yea, anger was my friend wasn’t it.”

Toward the end of the interview I asked about her relationship with the trauma exposure, and how she felt about trauma in general. Also, I was wondering if she still would choose to not know the space of trauma, as she had existed before Tom.

No, I think it's probably better to know it. I see how much more empathy and compassion and wisdom I have. I see that's a tool. It doesn't feel right to say it's a gift I have, it doesn't seem quite right. I have a wisdom, that is helpful.

Linda¹¹⁰

Hi there,

I am a new student at Fuller Seminary and just saw your post about your study. I have been a teacher in the inner city of Anaheim for 15 years. One of my 12 year-old- students was stabbed to death on the way home from school 4 years ago. I know vicarious trauma. I work with drop-outs and kids in danger of dropping out.

I believe almost all of my colleagues who stick around this neighborhood and care about kids suffer from what you are studying.

Let me know if you need anything from me/us.

Feel free to contact me via email or text.

I received this email from Linda the last day in May 2016 in response to my invitation that had apparently appeared on Fuller University's email sign-in page. I had met the previous academic Dean a few months earlier and he was interested in my research and connected me with their psychology department who included my ask along with their own recruitment notices.

I emailed back, and we met in early July in Old Town Orange, at a café. As we sat outside and got to know each other and spoke about the research, I was struck by Linda's commitment to working with these youth in her high school. I also felt affirmed in my research topic by her story, and her immediate commitment to doing what she needed to support her in these spaces. Later on, in our interviews, she reflects on when she first encountered the research notification and how the experience provided support and transformation.

...because it was the only 2nd time in my life I heard it [secondary trauma] talked about, and before there was no way I had any one to talk or address it with. I thought if there is anybody who can teach me about this or express something of

¹¹⁰ Linda is a European-American woman, heterosexual, who is married and has three children. Linda is in her mid-forties.

good to this situation, I know I need it. I would say, my husband even knows I am different, I would say people around me can tell I am more solid or more something. And there is a little bit more power.

Given her vocational call to sit with Jesus in spaces of need and suffering, having support in this area is vital. A woman in her mid-forties who is from Southern California, Linda currently lives in Orange County with her husband and three children, one of whom recently began at USC, Linda's alma mater. Both of her parents were teachers, as she and her husband are, so she is familiar with her life circumstances. She reflects that she and her family live in an upper-middle class area, multi-ethnic, but that they are definitely along the more affluent continuum than some of their neighbors.

This lifestyle at times makes her regretful, as she began her adult life with a commitment to live in solidarity with people who experience poverty, which is grounded on her life as a Christian and the call that she feels is inherent to this commitment.

So there's a way people I know choose to live incarnationally alongside people who are suffering. For a long time I thought that was the only way, that that was the right way, there was some legalism to my approach to how I should follow this heart that I have. My husband and I lived in a housing project in Santa Ana, California when we first got married. I was sure we were doing the right thing. We were going to reach out to our neighbors. At the time, my job was a high school teacher, but not as serious of a needy population. But it was just too much for my husband to bear. And we couldn't have anyone over because there was no parking. It hard to live in a housing projects, right?! We moved more into the suburbs and worshiped at a church that is dominantly upper middle class. That's where I can recognize a lot of disconnect. It's where I live doesn't always keep me. And I can go days without visually seeing a person who is materially poor. And that can be personally sad, for my sense of call, and maybe dangerous I feel like for my, because of how easy it is to [makes sound] close my heart off, even though I have a big heart, right?

This connection with people that leads to a heart space speaks to the center of Linda's call, and one she realized early on in her life. When asked about the first time she remembers sensing this call, she remembers being 12 and seeing a documentary about Mother Teresa on

television. While she now also speaks to the complexity in her immediate attraction to Mother Teresa, and the maternal energy that she also needed at that time as a young girl, the care and concern she saw this woman provide for others spoke to her heart.

I was 12. Someone asked me this recently and it was very helpful to actually name that. I saw the documentary about Mother Teresa on PBS when I was about 12 years old and I cried and cried and cried. There was something so true about her and what she was doing and something so compelling about the poverty and I didn't know at the time that's what that was but it really was very present and evident in my life to want to speak out for people who didn't have a voice or wanting to connect with people who are disconnected. Like I said, it took on lots of different forms but I think I can trace it back to saying my heart resonated with hers way back then. She's a picture of something I see as maybe the truest expression of religion.

When asked to talk more about the heart space she defines her call by, she shares

Yes. I feel like I have a heart or an extra sized heart for the poor, some people may say that's a call or a vocation or something. But I see that as an extra something for the poor. In particular the marginalized or the least, or those who are disenfranchised. I seem to be drawn to them in various capacities, whether that's being homeless or an immigrant or mentally ill or elderly or disabled or all of the above. They seem to sort of call to me in some way. And being a teacher in particular in the area where I teach, an inner city, where 99% of the students are Latino and many of them are first generation, many of them have no papers, many of them are living in really poor area conditions that kind of thing. It helps me stay connected with them and not just fall into the kind of life I could have as a middle class person.

Throughout all her interviews and times that we spoke, the call to this heart-space was consistent and intentional, coloring her whole life, and deeply connected to her call as a Christian. Linda does not identify with one denomination specifically, rather she weaves different experiences, traditions and spiritualties which create a living faith centered around Jesus.

I heard someone recently at the Democratic National Convention say I'm a this this this! And I appreciated that it just didn't have to be one word! I think it, was, anyway. I was raised in a sort of a bi-cultural parental unit that opened me to both the Protestant and Catholic side of Christianity. I would not say I align myself with a particular denomination. Though, I was raised dominantly

Presbyterian, that's an experience of church I am very familiar with. The contemplative and the charismatic are also really rich in my experience. I do, Jesus is the guy for me. So he is the one. So I would say I am a Jesus lover, I'm a contemplative, when I make space for it, charismatic, Bible lover who appreciates liturgy more than a typical Protestant. That's probably good. That's pretty good. And currently I am attending, or worshiping at a nondenominational kind of, not an emerging church movement, but close to that but rather Evangelical. I'm shying away from the title for myself. I decided I don't like that name. But I believe Jesus is good stuff, lets stick to that!

And, after almost 18 years specifically of teaching in areas of suffering, she feels it has taken a toll on her, her family, and her health. This is especially true as she felt a heaviness to her call, that while she was called to sit with others, she also felt a responsibility to relieve their suffering that left her depleted in many ways.

I think early on, as maybe true for many with this kind of call, there's a honest, sincere desire to fix things, I was really sure that that was what I was to do, that scripture about he has shown you o people what is good, and what the Lord requires of you is to do justice, and I was pretty sure it was my job to make everything right. There was a real heavy burden on my shoulders for a long time that I took with me in interacting with these situations where students were being abused or where students didn't have equal access to things they should have access to or where they were being just dismissed by other teachers. Just not seen. They weren't appreciated, it was assumed they couldn't achieve; it was assumed they couldn't behave. It was assumed their lives would be terrible because they had a baby at 16. I was sure I needed to do something. I was very, trying to fix their lives. I was a good listener. But then I was exhausted all the time, and really, I think I wasn't even aware of the toll it was taken on me. It wasn't until much later that I recognized oh this is really hard. After, I think, layers and layers and years and years, the stories start to get more and more exhausting and harder and harder to hear another and really take the kids whole story in. It was easy to, easy either disengage in some ways my heart from the situation or even, I don't know, there was lots of things I did.

When Linda has a break from her work during the summer she notices a change in how she feels, but this time is not long enough to allow her to completely heal, and she struggles during the year to maintain self-care practices because of the fatigue and the stress that she experiences. The unrelenting need that she witnesses during her time with her students seems to

take up all her space, and after years of cumulative trauma exposure she struggles to find relief, especially when faced with chronic or acute trauma, or death.

And as a teacher I do get summer. Not all of it. But I instantly recognize a more openness in my heart to be able to sit still or be able to sit with the word longer or be able to do some things that have been, I can pray for people more. And I recognize, I will say this, one of the other interesting things that comes from feeling overwhelmed is I struggle to pray and bring those people to God. I struggle. It's almost like I can't do it when that's part of my work. I sense it's the only place I can take them. Like the friends lowering the paralyzed man on the mat to Jesus. I pray better when I am less busy or less overwhelmed. And not that there is a good or bad to praying, but I think you can understand where I am coming from. The heavier, in some weird way, the more I will pull back. Maybe that's anger. Recently, a story, I had a student who was infested in her apartment with bedbugs and eaten from her head to her toes, covered. Raised her shirt and showed me. "Mrs. Esperanza, look at this." The dad wouldn't do anything about. We had to call CPS. There still was nothing done. We did a home visit. All of these things. I was furious that this 17-year-old girl was stuck in this space. It took days before I realized I hadn't even prayed about it yet.

When asked about the trauma she has experienced and how the symptoms of secondary trauma manifest in her life, she reflects,

Right. Okay, so, the one extreme trauma that happened while I was working was my student was killed. A 12 year old, he was on his way home from school, on the second to last day of school. He was part of a real tight group that we had and the experience of watching kids who were with him as he died and knowing that there were not enough services for them – there was not enough help for them. My own heartache over losing a student. So all, witnessing what was going on for the students who were close to him, plus having that loss myself, and his family, and all of that was really heavy and I really did get to a place where I said, I am not going to love another kid ever again. This will be a job. I cannot handle this any more. I am done. I think I shared with you before, the idea that my husband asked me how was work the first day of school the year after that, and I said it doesn't matter. They are all going to get killed anyway and anything. So, I don't want to talk about work. I am not going to think about it. I am going to do my job and try to teach them English and that's it. And graciously that didn't last forever. But that was part of it. I think addiction for me to sugar as a soothing comfort. I think physically I carry a lot of stress. So tight shoulders, I have lots of other physical female problems. I think I can associate with some of the stress and the ways I was trying to put all their stuff somewhere but I didn't know where to put it. I do have some people I talk to. I have used that strategy of talking it out.

After a moment when we had both spoke about our admiration for Dorothy Day, I asked her how the trauma exposure and her work might be affecting her family. She responded:

Good question. Good question. One of the things from Dorothy Day, there's a movie, *Entertaining Angels*, that I saw, and she is, she's combing her daughter's hair after having been out being an activist and doing things she was doing. And she's saying like, you know "I love you" and the daughter says, "You love a lot of people mommy." And it's a sour, sad, not totally bitter tone that I have worried about as a mom with this heart toward the world. Trying to balance the "You love a lot of people mommy," and I'm the only mommy my three kids have, and so sometimes I've dragged them to things to do with me. Nothing too traumatic, right? But all of my kids know that my student was killed. They didn't come with me when I spoke at the funeral or whatever. But there was a heaviness to me for that whole summer, that I know they suffered from or experienced or weren't sure what to do with. And I do think my patience is slim at the end of the day. I work, then the only time I have with my kids is after that traumatic experience. It's a half-hour in the morning, rushing them to school, and then this small window of time when all kinds of things need to happen. And often I'm done. So I do acknowledge that they have probably suffered with not my best self. I will say I hope they have been enriched. I hope that their middle class life has been affected by the fact that mommy knows a lot more than maybe the moms of their friends. And trying to help them recognize their first world advantages in some of that. My husband is an ally, and knew what he was getting into because I was this bleeding heart back then and I haven't changed, so he knew what he was getting into. I do think I thought he was more of a partner than he really was. In some ways it was unfair to assume of him, but I, in general, I do think he's never been put off by the work, or even the trauma, I think he's been a gracious presence for me.

Reflecting on where God is in the midst of this suffering, and what God's role might be, she acknowledges the complexity and also wonders how her actions, and others like her who feel called into these spaces, might answer this question through their presence.

It's a good question. I know people talk about that, and I suppose yes. I suppose yes. I suppose that there's that, even my son today, was saying 'Why did God make chicken pox?' and that's such a complicated theological question. Did God make chicken pox? Is God allowing this to happen to Leslie? [her student with bedbugs] If so, how do I respond to that? And he's not stopping it. So, is that then my anger directed at him or am I just angry with the compassionate part of resonating, not resonating, relating with her experience so much that it's as if I can't look there. Its deep. Its really complicated to name!

And also,

I think if I were to really reflect back in moments like that with Leslie, um, I did tell a friend, and that friend prayed that there would be a miracle that the bugs would go away. I didn't even think of that. It didn't even dawn on me to think of that or ask that or do that, and I want to know is that because she's removed from the experience and she's not interacting with Leslie, right? I'm curious. I was the presence of Jesus in her life in that moment. I believe that. Right. So I am the presence. And she is the presence of Jesus in my life in that moment. But it's so charged with suffering, that I do think that those are moments where Jesus on the cross is more real and alive to me than maybe some of my Protestant, Jesus not on the cross, and I think I have to wade through some of that, to enter in with him in that space. That's from that story. I couldn't go there right away. And I would like to work, because if I can get there with Jesus off the cross with her with me in that moment, I'm not sure it would be easier on my body, easier on any of those things. But I do think I would be acknowledging His presence more, and maybe easier to pray.

Joining in with Jesus, reflecting the presence of Jesus to each other, is a healing experience for each. Moving into the space, with Jesus, of being on the cross, is different, and takes more to join him in this space, with those she cares for. And this movement is difficult, to truly embody this space for another, and in this difficulty may be the difficulty to also remember to even go to Jesus in prayer for Leslie. And, in this there is action that God is taking. God is not doing nothing in response to pain – Jesus is on the cross, and inviting us to join him for others, to be the presence of Jesus in the lives of others.

At our second interview right after the group ended, Linda was excited about the transformation that had occurred in her life as a result of leaning The Compassion Practice, and spoke, as most of the participants did, specifically about learning practices that helped her live the kind of life she wanted to live.

... the practical thing that I could go to, that I had, we used the word tools, but the practice of something that I could actually do to address things in me that didn't have other, that couldn't, or wouldn't, or weren't being helped previously, or that I didn't know needed help previously. And then the effect on other people. The relationships, the feelings, my insides, with having something practical to do, and then relationships with others, where, the reactivity was addressed because of learning the practice because the reactivity was addressed, I wasn't just reacting

in specific situations with my students, with my daughter, with family members, where The Compassion Practice allowed real compassion to exist that I had been longing for.

She experienced these changes to such an extant that she considered the experience to be one of the most helpful things in her life.

I really, I have spoken with you a little bit already. I really, it's probably the most life transforming thing I have ever done in my life, really. In terms of breadth of effect. How it has effected my life across my life, and then the depth of how it has taken maybe things that I knew or things that I thought or things I believed to places in my own personal soul in my experience that have never been looked at in this way. I don't know. The main word might be transformational

One of the biggest changes she experienced, in addition to less reactivity, was feeling less burdened by her vocation. Over and over, she used the words 'lighter' and 'lightness' in comparison to compassion being 'heavy' for her.

For me, there was a lot of heaviness around compassion. There has always been because it has been something I felt was apart of me but was such a burden. And I do think this practice allowed, maybe part of it was being able to tend and let the sacred tend the wound or the activated parts of me, allowed compassion to not feel so heavy, and it feels way more powerful than it use to. There was a way I think walking into, and you can probably hear it or see it in some of my journals or whatever, there was a very heavy burden that I carried myself. Even though I knew I wasn't suppose to, that "Come onto me all who are weary and heavy laden, and I will give you rest," but I couldn't receive the rest because I didn't know how to receive it. I knew his burden was supposed to be easy and light. But there were parts, there are still, right, parts of me, that just needed some help. I had no understanding what was coming in this practice even though it appealed to me, I think because it said things that I believed in, like compassion. I believe in that. Trauma and it can hurt people who aren't experiencing the trauma. And I thought, mm, somebody is going to address this and whatever they do is better than what I'm doing right now. Because I was just trying to maybe grin and bare it, finding the best me I could present without addressing where that heaviness was really coming from.

Much of the heaviness came from emotions or experiences she had, such as a part of her that was vigilant and protected her, or a part that was protecting her from disappointment, and through the practice she was able to hear, articulate the needs of these parts, sit with them in

prayer and compassion, and, as she saw it, receive the healing grace of the Sacred, in its many and unique manifestations. This was particularly clear when she began practicing compassion for a difficult emotion, and chose to work with vigilance. She wrote in her journal,

So when we got sent to work on this I went to ask about that vigilance thing – the fact that it's hard for me to be in my welcoming sanctuary because I kept finding myself watching myself from behind – the vigilant me could not fully be present and breathe and rest.

There has been a tightness present with me all week/for a long time, as well –

I saw a connection between the vigilance and the tightness.

Anyway we went to work on the “Understanding the Cry of a Difficult Emotion.”

WOW!!

I saw a scurrying vigilance and a way that all angles of my back had to be guarded. My back has always been particularly vulnerable for me –

We were invited to consider the emotion in the form of a creature – and I just couldn't get anything to come to mind so I Googled vigilance animal and I got pictures of Meerkats!! PERFECT

Then another thing you could click under the animal vigilance said – “ The ever vigilant animal would probably soon die of starvation.”

That is how I feel inside at times. Starving and exhausted.

Fear something bad is coming.

Longing for security/rest/protection.

I drove home grateful – eager to look at this more this week –

Not sure how much time and energy it will take – BUT hopeful.

THEN gathering my things and straightening up for a moment I discovered the new kid magazine for my son had arrived yesterday with a giant picture of 2 meerkats on the cover AND a title that reads, “Meet the Meerkats.” I am totally flabbergasted

My goodness, if that isn't an invitation to really meet what's going on inside me! I pray for the grace to really understand the cry of the vigilance this week.

Linda texted me the following image and words when she got home that evening:



Linda: This came yesterday apparently in the mail for my son!!!! It was partially hidden under stuff on my desk. I just uncovered it!

Can you believe that?????

Look at the headline!

Sorry to text you so late. I'm just flabbergasted and feel so loved by God!

Karri: I have no words for this. I too am in awe at what the Spirit is doing - so much love and care and guidance. Definitely thank you for sharing and texting so late!

Linda: ❤

This experience with the meerkats and being seen was important to Linda, and symbolized several layers of the practice that were healing for her. One was just the healing power of being seen, of God witnessing her struggle and pain.

I think the experiences that I had cemented some of my, really cemented some of those beautiful parts of a relationship. Like He sees me. He sees me. That's a big part of what I was taking from what compassion is, it has to do with the eyes. so clearly when I find something on my Google about the meditation practice to name an animal something, and I get home and there is a magazine with that very animal there, moments later, somebody sees me, somebody knows.

Another healing space opened as she was able to tend to the parts of her that needed care, asking Jesus to be with them, which allowed her also to be more compassionate with others around her.

I experienced healing in this part of me. There were the meerkats on total watch suffocating me and I invited Jesus to pet them and calm them down and what happened was I could keep going and allowed the part of me to be aggravated and agitated and however it was. And pay attention to what it might be offering me. And then I could keep loving and keep seeing people without their suffocation.

During our time in the practice, and ongoing to the present, the meerkats represented the power of the practice to work in ways that are surprising and authentic, allowing our inner needs to reemerge within a symbolic language that allows relationship healing. The Sacred is in the midst of this, in a way that is present but not overpowering – most often showing up in ways that are unique to the specific need.

During the third interview Linda spoke again about the transformational aspect of The Compassion Practice, and how it changed her experience of her daily life.

I do think there was something super natural and extreme about the whole experience for me. I don't know if that's normal or not but it coincided with a major shift I feel that has happened in how I am. I was telling someone the other day, I am doing all of these things, and I feel like I can say yes to them because I just feel bigger. I feel lighter. I feel like I can. I am less tired. There are ways that, the idea of having compassion toward myself in the U-turn was so missing in my life but I had heard it was a good idea or had heard about self-care, some of these things, when given permission within the context of something I really respected, this compassion practice. And the fact that in order to really live the life I wanted to live I would have to do that.

Here she offers a specific example of how The Compassion Practice helped her to care for self and still have compassion for her husband after troubling incident. This is especially interesting because as well as show him compassion, she was able to discern between feeling “fake” compassion, and truly feeling a compassion that comes from an authentic place.

One example was my husband was in a car crash that was his fault, and totaled our car that was paid off. It happened in a context where there were a lot of reasons I could be really angry. I recognized that I was having a hard time

showing compassion toward him. I could put my self in the role of being compassionate, like the kind, and play the role, but it felt foreign to me. Or it felt fake. Which I think for the first time in my life I was able to differentiate, really, between sort of that playing the role of a giver of compassion and actually really extending that. I did The Compassion Practice, I was still working on it, I was still trying to take care of myself and tend to myself about the anger that I had, and it took a while to go away, but it also kind of coincided with this very deep word that I felt came to me, which was “The Lord is my helper, I shall not fear.” What can man do to me? Because what was at the root, and the anger, and not being able to get rid of it was this fear that I’ve been able to attach myself to someone who could really hurt me, financially, all kinds of ways. *That* I had access to because of what we learned. I again felt so much more free.

As she continued to reflect on the practice and how she experienced a difference in her life, she began speaking about the metaphor of an antidote, as in the trauma that she experiences with the youth she works with is a kind of poison, and The Compassion Practice allows her to continue in this, knowing that she has an antidote so the poison will not be able to hurt her.

All of those sort of things I feel like I am able to intentionally, put myself more not acting the role, but actually engaging in things that I don’t know, feel like I am on the, the thing that came to me is I am on the front line and I am right there, and I am okay. There’s a difference in that I do think there are ways that I was so attached or so afraid or so overwhelming, that there were, that I couldn’t fully engage sometimes with my students without the fear of being overwhelmed. There’s a way that I don’t carry that fear, and this is probably the first time I am realizing it while I am saying it, because I know how to be tended to. It’s like I know where to go, and I did before, but it’s because it practically tangibly moved me. It worked. Or whatever. It was like the doctor had the right medicine, and so, its almost, this is terrible, I can take the poison and then take the antidote and I have the confidence that I am not going to die. And it’s not going to take me down.

Talking more about this later in the interview, and using the metaphor of compost, she explained how she understands this transformation happening.

Here’s the deal, I went to a workshop and compost happens. You cannot do anything to speed it up. But you can do things to slow it down. So it will happen. But if you don’t give it enough water, air, stir it; it will be a lot slower in happening. I had been thinking about sanctification and slash the spiritual life on the, maybe that’s my theology I’m working out, but I think it’s like compost. I think faith leads to Holy Spirit in us leads to sanctification process. However, there are things that can get in the way, right. And our own brokenness and

trauma or all of these things its like not letting it have enough water or stirring or poke hole, you're suppose to poke holes, and so, if we are to work with the compost of our lives, the self care, the U-turn, the meditation, grounding, gives space for the spirit and I am going to say it, to explode in my heart and turn it on fire. And that's what happens with compost, it gets hot. For me it is these dead things coming to a fuel. The dead things are becoming fuel.

These dead things did become fuel for her, and for her students, daily, and in particular in response to the last meeting of our research group, one in which the participants discerned a place in their lives, personal or public, to extend compassion. Linda had been considering checking out a care facility for Alzheimer's patients close to her school to see if there was a possibility for them to volunteer, and discerned a call to make this service happen.

When we were having that invitation it really seemed like a practical way to move because I do think that what happened in the mediation for me was recognition for me that my students and these people have the same needs. They both need significance and they both need sort of that meaning, or that, attention, right? The joy of, we took 15 the first time to be trained just to go and see kids, 15 kids, to go and see what it would be like to play games, do nails, seeing, push the wheelchairs of these Alzheimer's patients that are various levels and just even that, with that experience I was able to expose my students to different careers that they could do, right? We are getting way more than you can even imagine. People who, students who had not even imagined that they could do some kind of serving career recognized that they do it with *pleasure*. In particular my student Amy, who I've talked about a bunch, which is so great that she's a part of this 3rd movement right. Because she is a person of faith. That's another really lovely connection I have with her. But she is gorgeous with these people. Super comfortable, doesn't care if they are cationic, she'll engage and put lotion on their hands. Then we had this sweet thing that happened for her, while we were there one day, it was her birthday and the people who worked there caught wind of it and made balloons and surprised her. And she has no birthday gifts or birthday attention at home so here she was in this place to serve and she got the balloons and I got to witness and cheer and the joy is totally palpable. There's energy among my students and laughter and pleasure and fascination and all of those things feel so healthy and it's like good.

For Linda, The Compassion Practice helped her live the way that she most wanted to, from a true sense of her self. It also allowed her to hold space and hope for her students to live into a new sense of themselves, with themselves and with others. The joy is palpable when she

speaks of these opportunities, and she is driven to share this with others, with hope of the same openings. After our group ended she discerned a call to become a facilitator for The Compassion Practice, which she is currently in the process of doing. I received a call from her a few months back. She had just presented The Compassion Practice at a district wide event for teachers, and had introduced 55 teachers to the practice, and just called to share this with me, spreading the joy and hope even further.

Stefanie¹¹¹

Like Linda, Stefanie found out about the study through Fuller Seminary and contacted me via email. She was studying in their MFT program at the time and was interested in the research for multiple reasons, primarily, though, because she had experienced trauma exposure when she was working as a missionary in the Middle East with her husband, and thought that what we were doing with The Compassion Practice might provide support. We arranged to meet, and although she had experienced secondary trauma, the situation she had experienced – being in the Middle East and witnessing and hearing about the trauma that the political protestors were experiencing in 2013 – was complicated enough that it seemed better if she were not one of the four interviewees that I would be spending extra time with, especially as she stated that she had already received treatment for secondary trauma in the years between the incidents and our group. We did decide, however, that as she was interested in the group she would participate as one of the eight who would attend the weekly sessions.

It came about that one of the other participants who was going to be interviewed decided she did not have time for that kind of commitment, and I asked Stefanie if she would be available. She said yes, and while it was not a perfect situation it seemed like it would work well

¹¹¹ Stefanie is a European-American woman in her mid-fifties, heterosexual, who is married with four adult children.

for both of us. Because of this, her first interview was not before the class began, as the others were, but about three weeks after the program had begun, so in some of the initial conversations we had during the interviews she references the weekly sessions and teachings. Also, as I did not really get to know her until we were already into The Compassion Practice sessions, and she had already begun to use the practices, I did not understand how transformational the experience was for her, from a before and after perspective, until well after the sessions had ended when she offered detailed accounts of changes that she experienced, changes that were so comprehensive that it took me awhile to truly grasp.

Stefanie was born to a single woman from Europe who was studying at Oxford in England. Her father was also European, also studying at Oxford, but was uninterested in marriage. When he left to return home her mother followed him, hoping that they would get married, but he refused and Stefanie was born there, where her mother settled and eventually began working as a flight attendant. Stefanie knows that she was in childcare for days at a time as an infant while her mother worked. Her mother met another man, Stefanie's eventual adoptive father, who was also an academic. He moved to the United States to study at Princeton, and her mother followed him. They were married when Stefanie was five. She remembers,

They were dating for a few years. Then they got married. I remember when we moved to Princeton, our apartment, I remember running into our kindergarten class and saying my mom and daddy got married! He was also from the same country as my biological father. And he formally, legally adopted me when I was 9. Then we all became American citizens.

While her parents had a religious background in Roman Catholicism and Christian Orthodoxy, both were non-practicing and atheists. Stefanie was exposed to religion through friends – when she would spend the night at someone's house on Saturday evening and would attend church with them on Sunday morning, for example – but did not really consider religion

herself until she was 17. She had a babysitter when she was 12 who introduced Jesus to her, and as her romantic experiences as a teenager did not yield the love she desired, she began to think that maybe this love could be found in God.

Around 15 to 17, I started wondering about God. So at 17 when I was kind of in the depths of despair about my boyfriend in Europe, I couldn't be with him anymore because I was in America because we would go to Europe in the summers and I had some flings there. When I was back in America I felt lacking in love and American boys were not as much interesting to me. I started going to the Catholic Church in my neighborhood. I asked my mom where should I go and that's where she said I should go. That's where I understood God loves me, and Jesus came to save us from our sins and he wants a relationship with me. And that's where I believed in Jesus and started really having a relationship with him.

Stefanie was immediately drawn into religion in a passionate way, and this carried into her college experience and early adult formation.

I became kind of a bible thumper right away. Started reading the bible all the time as a 17 year old, that was my last year and half of high school. Then I went to college. Went to UC Berkeley, started looking for a church, went to a Catholic Church for a while but that Catholic Church was saying stuff about politics that I didn't really care for or I wasn't interested in. I didn't know much, so it wasn't interesting to me. I wanted to hear about spiritual things. I ended up being invited to a fundamentalist church. Went there. A couple of years later I was baptized in a conservative Christian church.

The church Stefanie was baptized into and where she continued until recently was a sect of the Plymouth Brethren, where she became a missionary. She was drawn to this vocation early on – she reflects that she was aware that as a child of atheists she could have easily not known about Jesus, and wanted to help others who were in this situation. She met her husband at her church, and together they began 18 years of missionary work abroad.

Pretty early, right there in high school, I was already thinking I want to be a missionary. I still, the thought possibly of other kinds of work when I was in college, but as I kept going to church I was always drawn to missionary meetings and then the man I fell in love with and wanted to marry was also interested in missions. I felt it was a calling from God. I still feel it was the right choice at the time for what my options were. I believe we impacted a lot of people for good. I know the people I impacted. But our children, by the end of the time don't, none

of them feel a calling for the same kind of mission work, and we all kind of understand why.

Stefanie and her family were stationed in the Middle East, and evangelized and facilitated the development of Christian churches, but were intentional in that they did not manage or lead these church communities. For Stefanie, it was really just talking to people about love.

Well, I guess, as we did evangelism and we talked to people about God and love, we found people super hungry for that and super interested and already thinking about that.

As she gained more experience with the people, and with her own spirituality and knowledge of God, she recognized that they were not telling the people there anything they did not know.

...so the transition in my mind probably happened and about halfway through my time there, we were meeting people, and yes, they believed in Jesus, they were thrilled, but they knew God had to be like that. They were looking for him. They were already praying to him, many of them. I was doing that too before I became a Christian. I was talking to God and I knew if he was there he needs to be love. I just knew that.

While it was legal to proselytize in the country where they were stationed, there was pressure not to so she and her husband would often evangelize in skits, engaging in a type of street theater. They would speak about love or relationships, and would often work their way to God, opening an understanding that Jesus is concrete love that is available for relationship.

Several times they would say, right before they believe, so Jesus is God is what you're saying he's not just the Son of God, he's not just some weird Greek God that was born on the Earth. You're saying he is God, and I'm like yes! That's what he's saying. Then they would believe. But it was the God they were already looking for.

In time they began using mime, and had some recognition in the community.

Because we were actually on the street. We were a bit famous. We had been in the papers a couple of times. We had also been invited to do mime in a couple of municipal situations that we did. We had been asked by some schools to come do it there. They liked that we were talking about love, and they knew we were Christians but they were ok with that.

While Stefanie's theology was opening up, or possibly reconnecting with what she had known about God before she was baptized and began working with the Plymouth Brethren, her sponsoring church did not authorize this wider understanding of how God is working in diverse ways in people's lives. Rather, she says,

First of all it comes from a church that kind of has the idea, the theology, that everybody is going to hell really fast, and if you don't get out there and get them to believe in Jesus and believe the gospel and believe, they are going to go straight to hell without any opportunity.

The disruption between her personal experiences and her church's approach began to widen, and her experiences in the Middle East continued that divide.

In 2013, the country they were in experienced political protests, which incurred a violent response by the state.

While we were there protests started because the government is still an extremely conservative Muslim government. Which normally this particular country has been a secular government and there have been conservative religious parties but they hadn't had complete control for many, many, for like 50 years. Then about 14 years ago now, the conservatives got into the Presidency and Prime Ministership and also control most of the government – basically conservatism is on the rise in there. About half the people are very religious conservatives and half the people are really not. It's really divided. Kind of like here now. I mean worse than here but similar problem. That was the beginning of some protests in one of the major cities because the conservative government was building a lot of mosques and basically tearing down all the parks and building mosques instead. And some of these parks were very old parks. ...Even though the previous leader was a religious person, he was very generous and free with the foreigners. He set up ghettos, he let them basically do what they wanted to do, they had to pay a tax for not being Muslims but they had a lot of liberty. While the current government is very anti-foreign and even though he sets himself up as presenting the...magnificence again of previous leaders, he doesn't act like him at all, and rejects a lot of the ways the previous leadership was.

Anyway there is a big divide between religious and nonreligious. So nonreligious ones did protests in this one park that was about two miles from our house. They just sent up tents and said you can't bulldoze this park because it's a very central main park that had history. They were kind of tree hugger types too. Nothing violent, totally peaceful people. And the police came in with tear gas and shot them at them. Which apparently you're not supposed to do. You're supposed to

shoot the tear gas into a space a few yards away from people. It makes them leave but they were actually shooting the canisters at them so people were getting injured with the tear gas. And they tore down their tents, burned their stuff, and pushed them out, and pushed them out also with hoses with big tanks. This all happened in a couple of days. Over a weekend. Everybody in one of the largest city was horrified and then a big protest happened within a day or two in the main square and then they brought more tear gas and tanks with big water hoses and they were shooting them at them and people were getting this on their cell phones. It was all on Facebook. It was not on the news. Not anywhere on the news. Not anywhere in newspaper but it was on Facebook and YouTube and so people were passing that around so I could see what was happening just two miles away very close. They were hosing people off their feet. They were being tossed in the air falling on the ground or being pinned against the wall with this big water hose, I mean it was a thing of water this big (hands showing a size of several feet wide), I am sure they were having internal injuries and yeah, they were going to the hospital. People were going blind. There were people that were hit in their faces and were blind. This all happened in a 1 or 2 day period. And there was a huge uproar and suddenly there were protests in like 10 or 12 more cities, by the end of the week they were protesting 80 cities...In every one of those cities as soon as a protest happened the police came out with tear gas and water hoses, every where. Then I even got to see, within that week I started seeing, this kind of brutality happening in areas of our home, where we had done street work. The very same public places there were, those videos they had number, they apparently were even more brutal and were beating people up and they had videos of it. And people giving testimony of it and it's believed. I believe it's probably true because that city is considered the most liberal city in the country, which is probably why we could do the mime so long there. But also for that reason, the central government wants to oppress it, doesn't like that its so liberal. Apparently they used this opportunity to shut it down and make it be less, for them to feel afraid, to feel less free.

For Stefanie, this violence brought about a traumatic stress response.

But my heart was racing all the time. I was afraid of every situation. I couldn't go outdoors, I wasn't sleeping, I was just imagining the worse happening any second. I asked my husband "Can we go stay with friends who live in a different part of the city?" Because I figured I would feel safer not in my house where they know where we live. Because they know where every foreigner lives. They have records of you. But he didn't really quite believe or understand the fear I was feeling, so because he wouldn't do that I just said I have to go. I can't stay here.

They decided to go home with the intention of returning, but her fear did not dissipate.

Then when we went back, we were supposed to be home for just a month and I thought I would, I thought I would be able to come back, I mean, after a week or two at home I thought, "Oh I can probably go back." But then the day before we

were supposed to come back, just this huge fear. Physical fear and thoughts, fear of being in the airport, the airplane, I was afraid they would take me to prison for putting stuff on my Facebook! And for being European, and accuse me of being a spy. Which they would ask to talk to me personally every time we moved because I am European. It shows I was born in Europe. They would actually call me in to the police department every time we moved. But they were never mean to me. They would call me in separately which was weird...and they did ask about my being European. But as soon as I got talking and explained when I moved to America and as soon as they saw me as a middle-aged woman they never treated me badly. But in this situation I suddenly was afraid they would treat me badly and think I had, or just used me as an excuse or as a scapegoat that's what I was afraid was.¹¹²

As she speaks more, it is clear that her response to the trauma was debilitating to her for at least the first year she was home.

A: I was in recovery mode but I wasn't fully recovered at all I wasn't even halfway recovered. I was just sort of beginning to feel some; I was really a basket case when we came back. PTSD – like I was stuttering, I couldn't do anything, I would just sit. My daughter would come over with my grandchild and sit with me and that helped some. It helped me sort of feel better. She did that for a year.

K: That's a long time

A: Yeah. I'd been to several things and right before the summer we decided to move because we were in apartments. I was constantly upset about things in the apartments. Constantly felt threatened by different situations and didn't know what to do with my feelings. I was somewhat over my fear of what happened and the government there and the paranoia. I was somewhat over that but it was still there in other smaller scale things. It wasn't really gone. I think it's because I didn't understand how to understand my feelings at all. They just attacked me and I was like "Ah what do I do! I'm afraid!" I would either go with it and be very afraid, and reactive, or I would turn into a zombie.

Stefanie had sought out some healing opportunities, but they did not provide lasting relief. As mentioned before, both she and her husband were beginning to notice how their theology and

¹¹² Stefanie noted when reviewing the transcript that, since she and her husband left the Middle East, this has actually happened to someone she knows. She noted on the transcript, THIS FALL OUR PRIMARY CO-WORKER IN THE MIDDLE EAST WAS TAKEN TO JAIL, ACCUSED OF BEING A TERRORIST. THIS IS PRETTY MUCH WHAT I FEARED WOULD HAPPEN TO ME. YOU CAN READ ABOUT HIS CASE ON FOX NEWS. HIS DAUGHTER IS APPEALING TO PRES. TRUMP TO INTERVENE.

approach to religion was different than their sponsoring denomination, and the extreme situation that they found themselves in the Middle East highlighted these differences. In a response to a question about where God might have been in this trauma, she remembers a service she attended in when she was still a missionary shortly after the protests,

... at the time I didn't think of him being involved at all. In fact, when we got together in that 2 week period when we went to church, which we were planting a church at the time with another couple and so people we had met in all these outreaches were coming, and we had several baptisms and there was about 20-25 people coming, and some of them that Sunday came with tear gas on their clothes. The smell. And yet others came from conservative backgrounds and they were coming too because they were also seeking, it was this really interesting thing they were all horrified this was happening but our coworkers were like "OK we just pray for God to work in that situation," and now we are going to talk about the bible. It just felt like, what the heck? There are people really suffering. Aren't we going to do something? Can we do something? I did have a friend in another city who, they went and walked with the protestors and were chased back to their houses and I admired that, that's what we need to be doing. We need to be with the people who are suffering. But our co-workers were really not into that and they thought they saw that I was fearful, but if, I believe if we had actually done something I might have gotten over my fear because I would've thought, okay this is a bad situation but we are going to be apart of it, we are going to do something. Them and all the other missionaries we knew were all saying just stay out of it, just don't, the ones in our city anyway, the ones we hung out with, just stay out of it, make them quiet. We were doing street outreaches and that stopped. We weren't supposed to do that anymore because the streets weren't safe anymore. So we're not going to do that. That summer we cancelled all of our invitations. We had invited people to come. They hadn't bought tickets yet thankfully. But there were several churches in Romania who were sending people regularly and they come by car so it wasn't a big deal. We weren't going to do any ministry outreach because of this. It felt like, in my mind, why are we even here? We are actually condoning it if we are here and not saying anything or not doing anything. So that was, my religious group did not handle it right. In my opinion, and that made me feel less like being there. I don't want to be here witnessing this and not do anything. That's not right. That's where God was. I don't believe God was with them [her missionary colleagues]. But that's what the God they believed in does.

In this passage it seems she is in transition between a new way of seeing God, and the response of her known church community. She was being drawn to a new understanding, but the beliefs and practices of her community limited how far she could act into these new

understandings, even though, now, she believes if she had more autonomy to follow where she understood God to be it might have helped her healing process.

When she got back to the United States, people in her church saw her trauma response as something that indicated a deficit in her, that if she were more in control of her emotions, or more dedicated to her spiritual work, she would not feel as she did, and that, really, her response was a sign of sin.

Well the way we were treated after we came back was primary trauma! We were then treated like we had failed. Which I know we didn't fail. I don't take it personally. But it sure makes me not want to be around those kind of [religious] people anymore. To not have mercy, to not have care, comfort, when someone has suffered. And to also, their whole idea of any kind of trouble in your existential life is that you're sinning, there's no sense of suffering for sense of compassion or empathy. When I had a missionary care person not related to our churches, we met with this couple, she said it's because you are so empathetic for them that you [suffer], that's part of the reason you felt so traumatized. I was like that's a new idea. No one in my church circles would have thought to say that. That's what made us leave those circles.

Not only did Stefanie suffer from her time as a missionary, but her faith community blamed her for this suffering, rather than seeing it relationally as an indicator that she was empathizing with people, or theologically, as a symbol of presence and a knowing that God is also with us, and suffers along with us. This juncture of trauma and a break with her church community might have been interdependent, with one pushing the other along even more, but it also meant that when she was suffering she did not have her faith community to support her, and when she was feeling distant from her faith community she had less personal resources as she was also experiencing trauma.

After time Stefanie did want to return to the Middle East, but both her church and husband did not encourage this.

I wanted to go back. Even when I told Jack I can't go back now I am feeling too fearful, I said I bet in a year I'll feel better just give me some time to get over this

and I do want to go back. I don't want to leave forever. But both our church and Jack for whatever reason kind of freaked out that I freaked out and decided no you're not going back at all. We did go back for a visit a year and half later in January. We just visited a lot of people we had ministered to who are now mostly church leaders... Just to be with them, and encourage them, and to kind of, for me, to feel okay about being there. And we also had a few retreats. We did a few retreats for people. We did marriage retreats and men's retreat. And my hope was okay if we are not going to go back and live there for good, lets do mission trips 3 or 4 times a year and do these retreats for people but it costs us a lot of money. Our church didn't support us. My husband lost money that he could've been earning by working. We just ended up not going back. Also my husband now is trying to figure out what he wants to do because he's also gone through the post-Evangelical shift. We're both, he doesn't want to be a missionary in that way either. Were trying to figure it out.

One of the reasons Stefanie was interested in attending the group was because as she and her husband were not attached to any faith community she wanted a spiritual group to join even for a while. And, while the primary trauma that she had experienced in her life most likely emerged in response to the secondary trauma that she experienced in the Middle East, this dynamic is not an uncommon dynamic in secondary trauma, and is one of the reasons that some people experience secondary trauma to a greater extent than others, because their primary trauma is an often unseen variable in the equation. Stefanie and her husband had been working for 18 years as missionaries, and had deep relationships with the people there. She saw and heard and read about these people being attacked in a violent way in response to their political protests, and she experienced secondary trauma symptoms stemming from this.

Stefanie's response to The Compassion Practice was comprehensive, and she experienced relief not only from the symptoms of secondary trauma, but from the reactivity that has seemed to color her life since she was a teenager.

I've been that way [reactive] a long time. I remember in college wondering why I was so reactive, not knowing how to, and I know that I experienced trauma with my mother as a teenager, and before that I might have experienced neglect as a small child might be why I have some other difficulties with situations. But so when I went to college, here I am by myself, I am free from my mother and I was

still very reactive to situations. I really didn't unlearn that until this summer. I learned to control it and manage it enough so I wouldn't kill my kids, but I learned there are good people in the world, my kids are good. I don't have to be angry at them all the time but I didn't know how to be healed from all those feelings. I didn't understand that they weren't me. I didn't understand that I didn't have to be controlled by them.

She also reflects this situation here as well,

Well, it seems like, I've been my whole life very reactionary emotionally. Although I've been working on stuff with my husband, so with my husband it's gotten better over the last few years, 2 – 3 years. But I still would often get very reactionary. And with other people I would just have to, I have to tell myself, they are not trying to do something against you. This is just a situation. But it was all very mechanical, will power! To deal with this, and I would have to force myself to think of other explanations for their behavior. I would just really get triggered all the time.

Here, she also speaks about the reactivity that held her captive, but also how she was experiencing change due to The Compassion Practice.

Oh my gosh, I use to be so volatile! It was crazy. There was about, it was the end of my school and things, I didn't get as good grades as I wanted and didn't make as many friends as I wanted. There were things I was kind of disappointed in and then I was seeing, well it's probably me, its all me is why its happening. And yet I didn't feel like freaking out like even though I felt like it was heavy and I had to deal with it. And I had to think through and let myself feel it and understand why am I feeling that way, and what is true and what is not true. And what feelings, why are the feelings there. What happens deep down that is making me feel this way and not reject the feelings and also not be controlled by them. There were a few moments I got, I was talking to my husband throughout the day, so there were a couple of times I spoke kind of harshly mad at myself and I said some things and then I thought wait a minute that's not me, I don't want to do that anymore, I don't need to do that anymore, I don't need to be angry at myself, I don't need to feel that it's the end of my existence just because these feelings are hard. I was able to apologize to him and I just need to think about this, I need to really think about this. And to find healing from those feelings within just 36 hours is amazing. In the past it would've thrown me for weeks maybe.

In this quote we can also see a growing experience of self that was different from what Stefanie had known before. At another time in the interview, when I noticed that being with her authentic self sounded like a new experience, she reflects,

Yeah. It feels very new. So it's a little weird to say that. But it is different. Yeah. It's definitely different. I am not sure exactly. I wouldn't say I know for sure who I am as my centered self yet. Although I have had numerous times I felt "Oh, there I am. Oh here I am." I have had times like that as I am reading that book. But at least I am able to recognize the other parts. The other ways, movements, the other movements that are not my self. That are not my only self. Just parts of me that are reacting because of trauma or pain and I am not hating them like I used to. But I am also not being controlled by them.

This new way of being was closer to who she longed to be, and knew herself to be, but flows from a centered self rather than being the result of something she has to muscle though.

Speaking to how much energy this took, she states,

There was a secondary trauma that caused the PTSD, seeing other people being hurt, but even the whole time I was trying to help people before that, because I hadn't really dealt with my own trauma. It took a lot of effort to help people. It was a constant giving attention to them and trying to help them when I was just not up to it. But I wanted to be. So I just tried and tried. And was like "Wow, this is really hard!" and now I am just starting to feel what it's like to come to people from a place where I am okay and I am at peace. Even though I have things in my life, I know what they are and I am working with them and dealing with them and letting God touch me so I can talk to someone else and I can actually be there for them. But that's new. I am hoping it grows.

This new way of being is not only new to her, but to her family as well.

They actually, almost all of them have said something in the last couple of months. Every time we, like we had Thanksgiving here, all the kids came down from northern California too, and they were all like, Mom, you're so calm! And you didn't get, I would often have one little fit at some point during the holiday just because I couldn't control everything that was happening. And I didn't at all this Thanksgiving. I was able to enjoy my kids and we all did different parts of the cooking and I wasn't even triggered. I think I was so happy they were there, but I was already at a lower state of calmness over all because I really, it really went downhill. My level of being okay with myself was already so calm that all of them coming, like one of my kids he often triggers me. He did some things that, you know, I don't think are quite right but I didn't feel really emotional. I noticed it, I thought hmm, and I felt inside. And normally it would make me kind of upset but I am okay. And I know God loves me and it's not a threat to me and so I can show grace to him too. I think I used to feel like it was a threat because of previous times in my youth. But now that I don't feel like that's me anymore I was able to forgive it and him and just be kind to him and be like it's okay. That's where he's at and hopefully he will get healed and maybe I can help him some time. But they all, even him I think, commented mom you are so calm!

While The Compassion Practice helped Stefanie recover from her secondary trauma and reactivity, it also came at a good time to help provide a new frame for a different understanding of theology and spirituality that had been growing for some time and which led her to reconsider the relationship she had with her denomination.

S: Yeah, I think, what I was taught, the theology I was taught, was a bit of what they call worm theology. There was a lot about how much we are sinners, and before coming to The Compassion Practice I was already thinking about, my husband and I were already thinking about what is the definition of sin, and it's not loving people. It's not anything else, not loving God and not loving people, but it's not a whole bunch of rules of behavior, it's also not a lot of condemnation of feelings. Which is what it seems. Like anger was sin all the time before. But even though I knew that anger isn't a sin, I still didn't know how to deal with it before this Compassion Practice. I mean I would calm myself down in situations and give the situation to God before and be comforted by God but I didn't really understand the idea of, that my feeling, one big thing, that my feelings in me are just talking to me, just letting me know what's going on. And they are trying to protect me, and so, that whole family system thing. And it is a theology and its acknowledging that the feelings I have are not sin in themselves, and God finds us all precious and he gave us, it's like when you bleed you know you have a wound and you have to do something. When you have those feelings it's God letting you know there is something here that needs comfort, that needs healing. Realizing that God looks at me that way, all of us that way, is a theological revolution and I hope I can share it with others.

K: It must've been so confusing to think that God has the power to relieve you...

A: Yes! And then to not experience it. It was awful. And I feel really bad for all the Christians caught up in that. For a while I was thinking it'd be nice to try to help them but I don't know if they, so few that realize they can be helped or want to be helped. I don't know. They build all these really complicated theologies around your position in Christ and your practice in Christ. How you can practice sinning all the time but your position is forgiving so you're fine, but there is no real freedom from the sin? There is also self-condemnation, lots of self-condemnation. I have friends that were practically whipping themselves. They weren't physically but they were emotionally, and these were Godly women in the church, and I am supposed to be like them and uh, I never felt good about it but I didn't know what else there was. Until I finally a good, PTSD was a break down of this isn't working, and I am not finding God's help in that way. I think that made me ready to hear something else and understand how God works differently.

She has grounded so completely in a different anthropology and theology that it is now difficult for her to hear the common theology espoused by evangelicals.

Just realizing that every time I think about going to an Evangelical church and I listen to one of their sermons, their whole understanding of how God deals with us is, just sounds wacko to me now, I just don't think God is that way. There is just so much judgment ... My husband and I are still looking for a church, how are we going to move forward where we might at least have fellowship with other people who we can talk to about these things... I've had numerous Evangelical leaders say to me, well it's not all love, it's not just love, and I'm like yeah it is! Yeah it is! Sorry, yes it is.

This newness is still exciting for Stefanie, and brings hope as she not only experiences herself differently but others as well.

Now I am beginning to actually enjoy other people. And I don't feel, there are also situations where I don't feel as afraid as I use to. Like at the interview, I didn't feel any fear before the interview, I didn't feel, I just thought, "Oh I'm happy I have an interview, and whatever happens it's God, and God can deal with it and I am loved. It's okay." And then the interviewers, its so funny, because I was free to notice them, and I just liked them as people. I just thought "Wow, they are so sweet," and I wouldn't have really done that before, I would've been all caught up in my worry or feelings or just self-consciousness, in a bad way. It's really helped me to, have a different outlook with people, with people and with myself. It's been great.

Chapter Five: Findings

The purpose of this study was to inquire into the spirituality and experiences of individuals who have trauma exposure and agreed to participate in compassion-based contemplative practices, and to explore the effect of The Compassion Practice curriculum on persons with elements of secondary trauma. The study considered the spiritual themes and questions that arose, if any, in persons who experience secondary trauma, as well as wondering about ways people who experience secondary trauma perceive secondary trauma as having an influence on their spirituality and theology. In addition, the study considered the impact of The Compassion Practice on eight adults who have experienced secondary trauma and who agreed to participate in The Compassion Practice curriculum, and what a curriculum that is created to meet the needs of those with secondary trauma might look like.

This chapter will look at the findings that emerged from the study in the in-depth interviews that were done with four participants, some of which were formed within the frame of the research questions, and others which were developed through an indicative approach that allowed the data to speak toward the findings. Together they illustrate a need for further study and resources dedicated to the support of people who experience trauma exposure, and the strength in The Compassion Practice as one resource that not only provides support but does so within a lens of transformation.

The following findings emerged and appear worthy of further consideration:

1. The participants who were engaged in vocational work that involved trauma exposure, as opposed to personal experiences of secondary trauma or work that happened to involve secondary trauma, saw in their entry into this work a deep

connection with a God who is found in suffering, and an understanding that their presence in these situations is one way God manifests in these areas.

2. Regarding spirituality and secondary trauma, one participant experienced a growing experience of God, one that adapted with her emerging experience with trauma and one that allowed her understanding of God to morph, and for her personal theology and experience of God to become more integrated.
3. The majority of the participants experienced The Compassion Practice as a supportive exercise that provided them with resources that they did not experience in other treatment modalities; in addition, for several the support they experienced was not static in that it merely provided symptom relief, but transformed the trauma into something that was a strength, allowing them a tool that not only reduced symptoms so that they did not hinder them, but supported them in their work with trauma, so that the trauma itself was seen as a gift.
4. Participants reflected on The Compassion Practice as a framework for a potential curriculum dedicated to provide support and relief of the symptoms of secondary trauma.

The following discussion will continue the narratives that we saw in the last chapter, coalescing the various experiences around the four findings above, bringing them out of the personal and into potential theoretical and research development for future work. This will be done through looking at quotations and formulating understandings about the connections. At the end, we will look at these findings within a larger lens, providing some interpretations regarding what this might mean and the theories and research they might point to.

Finding 1

The participants who were engaged in vocational work that involved trauma exposure, as opposed to personal experiences of secondary trauma or work that happened to involve secondary trauma, saw in their entry into this work a deep connection with a God who is found in suffering, and an understanding that their presence in these situations is one way God manifests in these areas.

For the individuals who felt a vocational call to work, either paid or volunteer, in areas that involved trauma exposure, they articulated a theology and spirituality that was deeply integrated with the belief that God is found amidst suffering and that they were called to witness to this suffering with their presence.

David speaks to this, saying

Well. It's because often times the world doesn't make sense and life just is. There is suffering and there is pain and there is sorrow and there is chaos. And sometimes we are left with that to deal with that. I guess what I feel like I have been called to in ministry if I were to really boil it down, I could talk about specific things that I do. One way that I could generally talk about it, it's a call to put myself in the midst of that chaos, that trouble, that suffering, and just sit with that. I think we sometimes find ourselves in situations where we just can't make sense, maybe we can't make sense of it, there is no logic to it, and maybe it just does suck and this is the way that it is, right? And maybe all that we can do is just be present with folks through. I used to call sitting with folks in the stuff of their life. I really felt called to that. In this latest evolution of my spiritual journey and my call to ordained ministry, I felt an overwhelming call to be with people in the midst of those places of those perplexing places of difficulty.

Linda, when asked about her relationship with trauma exposure and an option to avoid it, shares this,

K: Do you, if you had to make these decisions over, what you would be doing with your life, even if you could choose even a regular teaching path, or just something that involved less space and immediacy with trauma, would you do that?

L: No

K: Why?

L: Because this is my path. It's mine. And because I know God so much more.

K: What allows you to know God more?

C: Because of the suffering. Because I have been desperate, because I have seen people be desperate. He's been true. He's been true like [long pause], because, that's such a great important question, I think there are times that honestly I think there are times I felt like I needed to be more in the world of brokenness or trauma or poverty or where I needed that, because that's where all Christians should be. I think I've referenced that before. It's an interesting thing. I don't know. Okay so my thoughts are going everywhere. What is that? Why not a different way? Even onto my own relationship with my husband where there has been so much struggle. There are ways that I acknowledge that I would not know the things that I know about God, about healing, about compassion, without that in my life. And I do think, its not that I crave it, right. It's not like some kind of crazy it has to be chaos with difficult or its not good, but there is a way that [long pause]

For these individuals, their vocational involves an intimate space not only with the people they are working with, but also with God. Both David and Linda have learned about God and have been transformed by the Sacred nature they experience in this space. David recalls,

Well, for me, my experience of being close to that brokenness is a deep sense of the sacred, that we ask where is the sacred in all of this. I think the sacred is right there, is there in that brokenness. And to enter in to that brokenness is almost like entering into a very sacred space, sacred place. It's, that, that, I don't know if that makes sense, right? Like how could...it's like when were going to the prison and your sitting the these circles with these guy's experience of incarceration, in the midst of this lockdown facility you have to go through all this barb wire and stuff to get in there. But in the midst of all that brokenness and oppression and isolation and humiliation and violence there is a deep sense of the sacred. There is willingness, there's a space there that wants to grow.

Speaking about this, Linda states,

I do sense that the call, or that the heart, is a way that God is trying to express his love to the world. As much as I can hold on to what I know of God, I will be more free and experience, hopefully, more richness to that expression.

For David, this is also expressed in a theology of interdependence, where his presence reflects God's presence, and liberation and salvation for one is liberation and salvation for all.

Well I think one thing that the practice makes very real is the interconnected nature of all things. The interconnected nature of people, actions, and trauma, and how that affects us all. And so, you mean, it's interesting that when I find myself in these spaces like in the circle inside prison, I feel such, the spiritual connection. The spiritual connection at many different levels, the connection of pain, the connection of trauma, how their trauma is connected to mine, how their pain is connected to mine. How paths toward liberation are connected. That we are all caught up in this together. And its almost like, I'm not, I don't, I go in their as a facilitator but when I am sitting in group we're all sitting as part of that group connected together. So their liberation is my liberation and mine is theirs. Their growth is my growth. And that circle is just as much for me as it is for them. The Compassion Practice is like this, like this key that unlocks awareness that is available just as much to them as it is to me.

This call is not only a way to understand their identity and God through vocation, but a way of understanding how creation works through the breath of God who connects all in loving compassion, especially in the spaces where it is most absent.

Finding 2

Regarding spirituality and secondary trauma, one participant experienced a growing experience of God, one that adapted with her emerging experience with trauma and one that allowed her understanding of God to morph, and for her personal theology and experience of God to become more integrated.

One participant, Lisa, a clergy person in a Protestant denomination, began to see the dark side of God. While she does not think God is “evil,” the incidents she has had with her adopted son and his biological family, which include mental illness, substance abuse, emotional abuse and the trauma her son has experienced stretch her thinking of God to include a powerful side of God, one that she suspects many do not get to witness.

In the first interview, one day after our research group began, she states:

I currently think God is calling me to witness. And I am frightened that God is calling me to witness the destruction of a human being. And it maybe not go that way. I will say in the last 6 months I wonder a lot about, what if God only trusts some of us to show us God's dark side. I find that to be really interesting and

beautiful. Because I kind of think, God trusted me enough to say, guess what, I'm actually an asshole. And I think there is something probably very mentally not ok with that, but I feel honored to know that God has a dark side. Vocationally I think there is something there too, but I haven't really gotten the answer, but that feels like the new secret. And we are in a parent support group, where parents come in tell us *horrible* stories. And anymore when they are talking, I think, God is trusting us with this information. Not this horrible thing that happened to them, but God is trusting us to know that God is here and its shitty. I don't know what's suppose to come of that but there is something really really profound. And if you think about our most gifted church fathers and mothers, they knew God's desperately dark side. I wonder about that. Because it's so twisted right? But there is something really beautiful about this horrible side of God. And so I am wondering about that.

In the third interview, two months after our group ended, she continued with her thoughts about this:

I have a diary that's every 5 years and so a year ago this week, was when I first started to wonder about a God that trusted me enough to show me God's dark side and so I really struggled with that...I really lived in that idea for a year. I can tell. I can tell that I now worship a dark God and in a way that I wouldn't have thought was okay. Dark God and Light God, God is not just dark but this person of God, or the characteristic of God is so much than I had anticipated

At another point in this interview, she elaborated:

Well I think, certainly Calvinist reform tradition are going to say it's this broken world, original sin what do we expect. I don't think you can just throw your hands up. I think there's lamenting and grieving that we do and that God does and I suppose to me that is the mystery of it all. If God also grieves the agony of the world, why doesn't God do something about it and yet I think that's part of this more complicated vast, a God that has dark edges to I guess.

But I worry and I think I've said this before I also worry about getting into this sort of dysfunctional relationship that I worship my abuser. It's not that. But I do think there is something to be honored about knowing the terrible side of God. Yeah, I think it is a privilege to be aware of that but I also don't want to be sort of into this sick thing where I know God can be sort of a jerk, its not that. I do think there is more knowledge that some of us are given, and I don't mean ordained people. I mean people who can look the darkness of life in the face.

And, in the end, these reflections seemed to indicate more of integration with her explicit theology:

L: Yeah, that sounds good and its very, very Lutheran. The theology of the cross is absolutely that, we see that, we name it as it really is. As opposed to saying, oh no, God is in God's heaven, it's all good. No God's bleeding here with us. That's something I respond to.

K: Sounds like past couple of months you moved more into a space of the real, just holding the real.

L: Yeah I think so. That seems right to me.

K: Again reading into what you're saying, sounds like that's consistent with your spirituality.

L: Mhm yeah

K: There's more of an integration between you're spiritual self and your theology and experience of the world and Patrick.

L: Right and add this piece about the dark side of God. Not as necessary. I would say Martin Luther probably should spend a lot of time in the dark side of God but I don't know that, so Lutherans will sort of embrace real but I don't know that they dare go all the way to God might be evil. They certainly go to God is hidden. We love talking about the hidden God but not the evil God, I don't know. That part is still the question mark in the whole thing.

While Lisa would not go as far to say she is grateful for these experiences and this new knowledge of trauma, she does feel closer to God as she becomes more aware of what is within God's creation. Additionally, the language she uses suggest this is a formation path that allows her to become more integrated into the theology and spirituality of her faith, which she only came to even realize in its complexity after experiencing the trauma through her son. It has been hard for her and her wife, but she also expresses she has a deeper knowing of God than she did before, and this is something that appears to be a source of meaning for her, and her vocation as a pastor.

While this understanding of God had been growing within her during the time she has known her son, The Compassion Practice allowed her space through self-compassion to acknowledge this new way of seeing God, which allowed this relationship to develop

even more. Originally Lisa was not sure where this new understanding of God lived within the theologies that were available to her, and the ones that were dictated that we have a loving God who seeks to comfort us. Given this lack of external frameworks for what she was experiencing, one of the only ways she could understand her beliefs that God was “dark,” or even an asshole, was that she was in a relationship with an abusive God, which did not sound like something she wanted.

One of the ways that Lisa referred to the effects of The Compassion Practice was that it provided her “space” to see things in new ways. One way to understand this, which she confirms, is that she was able to experience the shame she held over seeing God as anything other than loving, and cultivate compassion for it through the practice, allowing more space then for her to engage with these new experience in a non-reactive way. The other way we can understand her experience of more space is that in general she was less reactive to many things in her life, which also gave her more internal working space to reflect on her experiences and responses to her experiences. Either way, The Compassion Practice allowed her to redefine her relationship with this new understanding of God such that it is now something that is becoming a strength for her rather than something pathological. During our last conversation about this she was discovering new theological resources that helped her expand this even more, and seems drawn to more engagement through study, writing, and discussion with her spiritual director.

It can be noted that while other forms of compassion cultivation are often recommended for trauma exposure, the programs that focus only on mindfulness would not have encourage this engagement that Lisa has developed within her relationship with

God. The common response within traditional mindfulness would have been to notice the feeling and thought, but not encourage engagement. In that case the opportunity to make space for it to explore it further would have been lost, and this facet of Lisa's expression of God would never have been developed.

Finding 3

The majority of the participants experienced The Compassion Practice as a supportive exercise that provided them with resources that they did not experience in other treatment modalities; in addition, for several the support they experienced was not static in that it merely provided symptom relief, but transformed the trauma into something that was a strength, allowing them have a tool that not only reduced symptoms so that they did not hinder them, but supported them in their work with trauma, so that the trauma itself was seen as a gift.

All four participants who were interviewed experienced a reduction in their symptoms or a change in how they understood trauma after engaging in The Compassion Practice; the differences were in the degree and how they articulated this change. In addition, for some the change transformed the trauma they had been exposed to or experienced so that instead of being something that they experienced as a hindrance they understood it as a gift.

Initially, for one participant, the focus on compassion itself was something that she was drawn to, and in which she trusted. The initial exercises in The Compassion Practice build into this space of compassion, but doing so using the participants own memories and associations, building a kind of bridge into the practice through one's own experiences.

Because I do trust love, and even though it's complicated, that purity that comes, from even the memories I had, or moments that came to me, a grandma that just loved me for who I was, my husband for helping me in labor, a friend of mine who listened so well I was just transformed in that listening experience from like really frustrated to more calm. So all of those moments, I trust those kind of moments and bringing them to mind and letting myself sit with them in the space

while I was still, not really feeling like I was able to breath deeply, began the trust of the process and so that's kind of where I came in. (Linda)

The relationship with the practice that is developed in this dynamic functions as a holding space where individuals can begin to do the work of bringing their wounds – secondary trauma symptoms and experiences – to compassion and a sacred energy for healing. As this compassionate stance grows, the first point of contact is with the self, and self-compassion is born.

I think I might have hoped in the 8 weeks, which is a joke because it's 8 weeks! But I think I might have hoped in the 8 weeks that I could find a new tenderness for him [her son]. What I find helpful about this practice is that I can have compassion for myself. "Oh you don't well that's ok," you know. And what wonderful reasons why. I think that's been good, and yet, and I think maybe that's been part of the healing also, saying look the tenderness is not coming and it's appropriate and its good reason or whatever and to not have as much shame around that, I think is probably a continuation of healing that has already been happening for me. (Lisa)

This reduction of shame allows one to open to other possibilities, for oneself and others, and healing occurs. The different participants experienced this in a number of ways, but one way of describing the positive effects of The Compassion practice was that they were less triggered. Linda, describing how she began relating differently to those around her, said this,

And then the effect on other people. The relationships, the feelings, my insides, with having something practical to do, and then relationships with others, where, the reactivity was addressed because of learning the practice, because the reactivity was addressed I wasn't just reacting in specific situations with my students, with my daughter, with family members... The Compassion Practice allowed real compassion to exist that I had been longing for.

In the second interview Stefanie also echoes this change of relationship with other people:

Well, it seems like, I've been my whole life very reactionary emotionally. Although I've been working on stuff with my husband, so with my husband it's gotten better over the last few years, 2 – 3 years. But I still would often get very reactionary. And with other people I would just have to, I have to tell myself, they are not trying to do something against you. This is just a situation. But it was all very mechanical, will power! To deal with this, and I would have to force myself

to think of other explanations for their behavior. I was just really getting triggered all the time. Now I am beginning to actually enjoy other people... It's really helped me to, have a different outlook with people, with people and with myself. It's been great

In the third interview she talks more about the change this has made in her life

Oh my gosh, I use to be so volatile! It was crazy. There was about, it was the end of my school and things, I didn't get as good grades as I wanted and didn't make as many friends as I wanted. There were things I was kind of disappointed in and then I was seeing well it's probably me, its all me is why its happening. And yet I didn't feel like freaking out like even though I felt like it was heavy and I had to deal with it. And I had to think through and let myself feel it and understand why am I feeling that way, and what is true and what is not true. And what feelings, why are the feelings there. What happens deep down that is making me feel this way and not reject the feelings and also not be controlled by them. There were a few moments I got, I was talking to my husband throughout the day, so there were a couple of times I spoke kind of harshly mad at myself and I said some things and then I thought wait a minute that's not me, I don't want to do that anymore I don't need to do that anymore I don't need to be angry at myself I don't need to feel that it's the end of my existence just because these feelings are hard. I was able to apologize to him and I just need to think about this I need to really think about this. And to find healing from those feelings within just 36 hours is amazing. In the past it would've thrown me for weeks maybe.

While Lisa does not use the word reactive, for her the dynamic is illustrated in having more mental space:

Yeah yeah. I feel like I have more mental space. I had time for, I've been more creative in the last month then I've been in a couple of years and I go, is that a coincidence I feel like there's more space, I don't think my brain has gotten bigger, I just think that pieces that were holding more of it have been able to be contained to a smaller space. And Melissa and I have been able to be more thoughtful about what we've been feeling and thinking in our positions, we've been able to unpack things a little bit deeper than I think we sometimes have.

David talks about how the triggers he has experienced are changed by working with The Compassion Practice,

The triggers that come up and how they are connected, right, to fears and longings. It's also giving me a way to ground myself, to recognize when those, when I'm triggered. And to be able to turn around and take a look at that. And say what's going on here, something is going on here, I would've never done that before.

The experience of centeredness that comes instead of being continually triggered is one way The Compassion Practice helped the participants. Through this they also were able to have different relationships with their partners and family members, which allowed them a more supportive space from which to do their work in place that involved trauma exposure.

Another way of seeing healing is from Linda's sense of "feeling lighter." In the early interviews she spoke continually of experiencing secondary trauma, and at times her vocation, as a heavy burden. After The Compassion Practice, this changed.

...it is very much lighter. I keep saying that but there is a heaviness and exhaustion level that I am not bearing as much. I'm thinking about the pleasure of what's happening with the connecting my students and these old people.

I was telling someone the other day, I am doing all of these things, and I feel like I can say yes to them because I just feel bigger. I feel lighter. I feel like I can. I am less tired.

With this new 'lightness' she can continue in her work, and experience pleasure in it instead of experiencing it as an ever-growing burden, and, in fact, The Compassion Practice offers treatment that allows her to keep doing her work, knowing it will not affect her as it has in the past:

It was like the doctor had the right medicine, and so... I can take the poison and then take the antidote and I have the confidence that I am not going to die. And it's not going to take me down.

The Compassion Practice is the antidote, and is available to her after the poison of trauma has infected her, and even after she has started showing symptoms. With this antidote she can continue to go in and join people in their suffering, as she feels called, practicing the presence of God with those that need it most, knowing that she is resilient to the affects of the trauma.

For some, The Compassion Practice not only offered a supportive tool, but an opportunity of transformation.

I do think there was something super natural and extreme about the whole experience for me. I don't know if that's normal or not but it coincided with a major shift I feel that has happened in how I am. (Linda)

I really, it's probably the most life transforming thing I have ever done in my life, really. In terms of breadth of effect. How it has effected my life across my life, and then the depth of how it has taken maybe things that I knew or things that I thought or things I believed to places in my own personal soul in my experience that have never been looked at in this way. I don't know. The main word might be transformational. (Linda)

For another, The Compassion Practice completely changed how she experienced herself.

At one point in the interview, she speaks of the experience of liberation from her old way of being.

It happened but it doesn't define me. That's a really great feeling. That is liberating and it is new. And it's kind of exciting. It feels like taking wobbly first 1-year-old steps because I don't know where I go with that really. It's kind of hard to believe. It's liberating. It's hard to believe I am not that person anymore. Those are there and I still deal with it. But it's enough separate from me that I don't have to be devastated by it. That's a good place. (Stefanie)

And, for two of the interviewees, The Compassion Practice not only provided a transformational experience for them, but for the trauma they were exposed to, and for the primary trauma they have experienced in their lives.

Here's the deal, I went to a workshop and compost happens. You cannot do anything to speed it up. But you can do things to slow it down. So it will happen. But if you don't give it enough water, air, stir it, it will be a lot slower in happening. I had been thinking about sanctification and slash the spiritual life on the, maybe that's my theology I'm working out but I think it's like compost. I think faith leads to Holy Spirit in us leads to sanctification process. However, there are things that can get in the way, right. And our own brokenness and trauma or all of these things, it's like not letting it have enough water or stirring or poke hole, you're suppose to poke holes, and so, if we are to work with the compost of our lives, the self care, the u-turn, the mediation, grounding, gives space for the spirit and I am going to say it, to explode in my heart and turn it on fire. And that's what happens with compost it gets hot. For me it is these dead things coming to a fuel. The dead things are becoming fuel. (Linda)

Well to me, what we are talking about there is resurrection which we said before, that there is resurrection. There is life from...righ...the compost, I think I said.

That in particular with my husband with numerous times of lying and his own addiction, there came a time, this was a year ago, and I just felt entirely dead. And I acknowledge even in that, like I am dead inside but I will give room for the fact that dead stuff can become compost and that compost could be good soil for something new. I don't know why, but in these moments this is newness in me is something new growing from that death. Very much. (Linda)

The Compassion Practice assists in transforming the trauma, allowing it to become fuel for further work and wisdom. For Linda, this process is part of the sanctification process, the work the Holy Spirit does in making people, and possibly the world, holy. David also speaks to this process, using imagery from a long-ago seen children's Christmas show, which we read in his narrative. He names this process more succinctly in other places in the interview.

...all the trauma you've experienced becomes a beacon, right. Something illuminating, a tool, a light that helps give direction on that road to liberation.

The Compassion Practice is like this, like this key that unlocks awareness that is available just as much to them as it is to me.

In this The Compassion Practice, for these people, is much more than a resource, but an alchemical process that turns trauma into something that, in a way, that changes us to be able to see and experience trauma as a gift.

There is a theme of being healed from our burdens in these stories, which is tied closely with our Christian tradition. We are told in the Gospel of Matthew that Jesus explicitly requests us to turn to him when we are feeling burdened: "Come to me, all you that are weary and are carrying heavy burdens, and I will give you rest. Take my yoke upon you, and learn from me; for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy, and my burden light."¹¹³ For many people who engage in work that brings them close to trauma, and especially those for whom the call is a religious one, they think of this passage often, often

¹¹³ Matthew 11:28-30, NRSV

wondering why their yoke is not indeed lighter when they are specifically following a call from God. Linda reflects,

There was a way I think walking into, and you can probably hear it or see it in some of my journals or whatever, there was a very heavy burden that I carried myself. Even though I knew I wasn't suppose to, that, "Come onto me all who are weary and heavy laden, and I will give you rest," but I couldn't receive the rest because I didn't know how to receive it. I knew his burden was supposed to be easy and light. But there were parts, there are still, right, parts of me, that just needed some help.

Knowing this passage, in a way, made Linda's burden heavier. If Jesus says when we come to him he will give us rest, and we are not receiving rest, maybe the truth is that we are not really going to Jesus, or do not have enough faith, or something else. But clearly the blame is on us. This is often the conundrum of Christian scripture and practice, and the guilt that follows when we believe we are following the gospel and it does not turn out the way it says can be heavy, and can in fact increase the effects of the trauma we experience.

But in the interviews toward the end we hear the participants talk about experiencing the burden being lifted, and feeling lighter. In the interview two months after the group ended, Linda again returns to this theme, but instead she says,

I was telling someone the other day, I am doing all of these things, and I feel like I can say yes to them because I just feel bigger. I feel lighter. I feel like I can. I am less tired. There are ways that, the idea of having compassion toward myself in the u-turn was so missing in my life but I had heard it was a good idea or had heard about self care some of these things, when given permission within the context of something I really respected, this compassion practice. And the fact that in order to really live the life I wanted to live I would have to do that. Sort of paying attention and self-care, it really did empower me to do that, right. I feel like I have found so much fruit from it.

One can imagine that as this is lived out more and more, that a feeling of partnership would develop. As one lives their lives by this passage, and does indeed feel their burden lifted, that they might feel closer to Jesus. Not only would their practice externally be what their holy

scripture calls for, but internally their experience would also reflect this truth, allowing more trust and a deeper relationship.

Stories of healing are told throughout the gospel stories. Jesus himself specifically attends to people throughout the gospels who are in need of various kinds of healing – physical and spiritual healing being the most common. However, sickness and healing had a specific meaning in the culture of this time period that is in fact quite different than the meaning we attribute, and reflecting on this might open another facet of healing that the participants were speaking to in their interviews.

We today think of illness in almost mechanical terms, especially considering physical illness. We believe there is a concrete reason, even if we do not know what it is, and believe that once we find the cause we will find the cure, even if we have not found it yet. Largely, this is a physical illness with a physical cause and we treat it in a physical way. In the Mediterranean culture at the time of Jesus, however, illness was considered a social matter, and people who were ill were often seen as “unclean,” which had social repercussions. Given this, “healers of the ancient world thus focused on restoring a person to a valued state of being rather than an ability to function.”¹¹⁴

The important dynamic to understand here is that with a compromised state of being the person experiencing illness would be limited in many ways, but most importantly, for the gospels, their experience of community would have been restricted, and indeed in many cases they would be excluded from community. Bruce J. Malina and Richard L. Rohrbaugh write in their *Social-Science Commentary of the Synoptic Gospels*,

¹¹⁴ Bruce J. Malina and Richard L. Rohrbaugh, *Social-Science Commentary on the Synoptic Gospels* (Minneapolis, MN: Augsburg Fortress, 2003), 368.

For example, in our society a leper may be unable to function. In ancient Palestine, a leper was unclean and to be excluded from the community. The blind, lame, malformed and those with itching scabs, crushed tentacles, or injured limbs, were not permitted to draw near the altar (Lev. 21:16-14). What is described in the New Testament, therefore, is not so much diseases as illness: abnormal sociocultural human conditions, some of which would have had a basis in a physical condition (blindness) and other which did not (the inability or refusal to see or understand a teaching). Such illness cut people off from the group.

Jesus, in his ministry throughout the gospels, healed people, which then resulted in acceptance by the larger group. It was the beloved community that was being restored through the healing stories in the gospels, as sickness and sin were being reevaluated through the very presence of Jesus, and as he taught about the Kindom of God it became clear that the healing revealed the Kindom as it should be, and that love could be had for all by this restructuring. People who had leprosy, people who were blind, people who were tax collectors and prostitutes – all these people had a place in this new way of being, new Kingdom, that Jesus spoke about, and his healing merely removed the obstacles to this and people, all the people, could see clearly again.

In the interviews we can hear this same process, as people experience a transformation that allows them to once again be in relationship, and thus be part of the beloved community. Relationships with God, with themselves, with others, were experienced in different ways, which allowed compassion, love, to be present in a way that they had not experienced before, and which allowed an experience of God's hope and future for us all. Functionally, then, even if they did not experience their "affliction" or symptoms from trauma, as a sociocultural affliction, it affected them in a similar way and relationship were limited because of the trauma they experienced. The Compassion Practice removed these obstacles, partially in some cases and completely in others, revealing the opportunities for love that were present to them, and which speaks to the relational reality we are called to in Christ.

This was true for relationships both with themselves and others. Stefanie in particular speaks to a renewed relationship with herself, even to the point of coming to know herself in a whole new way.

It [trauma] happened but it doesn't define me. That's a really great feeling. That is liberating and it is new. And it's kind of exciting. It feels like taking wobbly first 1-year-old steps because I don't know where I go with that really. It's kind of hard to believe. It's liberating. It's hard to believe I am not that person anymore.

In another point in the interview it is almost like she is playing hide and seek with her new self, recognizing it but not quite sure who it will be or where it will ground.

It feels very new. So it's a little weird to say that. But it is different. Yeah. It's definitely different. I am not sure exactly. I wouldn't say I know for sure who I am as my centered self yet. Although I have had numerous times I felt oh, there I am. Oh here I am.

For Linda, she saw new possibilities with others when the reactivities she was experienced were able to relax, which allowed new life in her relationships with her family. In different parts in the interview, she shared

And then the effect on other people. The relationships, the feelings, my insides, with having something practical to do, and then relationships with others, where, the reactivity was addressed because of learning the practice because the reactivity was addressed I wasn't just reacting in specific situations with my students, with my daughter, with family members, where The Compassion Practice allowed real compassion to exist that I had been longing for.

I am working on it with my daughter. I think the change has been I have something that can help me when I get really reactive. The fact that my daughter is dating this boy that is not my favorite and it's the same one that wasn't my favorite before so it resurfaced. But this time I have this compassion practice. When I was looking at her as a beloved other I just saw how lonely she was. And that really did open up a sense of compassion to kind of address that instead of the stuff that bothers me.

The communion of God's people is seen clearly in the following reflection that, when pictured in one's mind, almost seems lifted from the gospel pages, as David and those around him in the group he facilitates in prison begins to see themselves and others through a different lens.

The triggers that come up and how they are connected, right, to fears and longings. It's also giving me a way to ground myself, to recognize when those, when I'm triggered. And to be able to turn around and take a look at that. And say what's going on here, something is going on here, I would've never done that before. Sitting in group like I said, particularly, being able to understand, listening to these men and understanding where their, their pain comes from, their action comes from, and being able to utilize some of the practice to help give them tools that they may be able to use, right, to ground themselves, and take a look at themselves, and to have compassion for themselves. I think the greatest need inside is compassion for one's self. There is so much shame and guilt and condemnation. Self condemnation. That its all, they've been told this over and over and over and its been solidified in them in so many different ways by the institution. That they, that's the last thing on their mind, to have compassion for themselves. They've almost come to the terms with the fact that yeah, I'm evil and I need to be punished. Like some kind of masochist right. To be able to off them practices where then can turn and begin to take a long loving look at themselves.

These reformed relationships allowed the participants to know themselves and others in different ways, and to experience a re-ordering of themselves within community that is parallel to what happens when Jesus heals people in the gospels. They are seen differently, the impediments that kept them from being part of the community were removed, and they were able to move into relationships of love and mutuality.

And, in some of these experiences, we even see transformation which hints at resurrection. In my personal experience with The Compassion Practice it seems that wounds that have healed and scabbed over through various therapies are gently opened again, and healing happens which is so transformational throughout that it almost seems that I can love more from those previous wounded spaces than I can from any other place within me. And this is the Christian story – that God can take what is the most horrific thing possible, the death of Jesus Christ, God's own self, on the cross, and transform it into something that new life pours freely from. And not only new life for Christ, but new life for all of creation. In this work we can see hints of this dynamic, this transformation of trauma when held in a compassionate embrace and

offered to the Sacred for healing. And, as with Christ, the healing is not contained to one person, but is offered to one's community through renewed connections.

David speaks to this in his interviews in several places.

D: There's something there. There's something there. It helps us to carry our trauma, our past our trauma in a different way. Unless we expect that, we set everything down and we're completely saved and mended whole and we carry on.

K: [laughs] But I think you're right, it helps us reorient or something so that instead of acting out of that pain and trauma in a negative way it holds it up, like in my mind when were talking its holding it up as something to connect to.

D: Yeah. So, yeah. There was a period in my life when I carried that trauma as a chip on my shoulder as a weight of anger and frustration causing me to lash out in ways but today I carry it differently. It's almost like it's a tool, it's a gift! A gift that allows me to understand folks, right?

K: yes.

D: It's a gift that allows me to connect with folks in very deep meaningful ways. And to allow myself to be vulnerable to them. Which allows me to journey with them and understanding that. I know what its like to sit and be confused and be no light at the end of the tunnel. I'll journey with you a little further and help you find the same thing that I have found and here is some tools.

K: It feels like that those spaces that trauma then becomes that road, like it shines the light ahead of you, it shows you something else.

D: Isn't that interesting? That all the trauma you've experienced becomes a beacon, right. Something illuminating...a tool...a light that helps give direction on that road to liberation.

In another place, he states,

Mhm, and I think that's the key, right, that's the key and to be able to work with those men inside if my greatest gift is my own trauma itself, right, if that's my greatest gift that I carry with me in order to engage folks in this type of work then that trauma must be transformed into a gift. Because if I carry it as that dagger that sword, it wont do anybody any good, not those men not myself, so it has to be transformed, I think just the practices transform it into a real gift. But without that, I don't know how I would approach these men. Right. I don't know how I would approach them without that gift.

This work of spiritual transformation that we see in these interviews also aligns with what Laura van Dernoot Lipsky hints at in *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. While much of her book is spent educating people about trauma exposure, when she does turn to restoration she looks to spirituality integrated with psychology and community as an important space of wisdom to draw from, and particularly the practice of being mindful and in the present moment. She writes, “The ancient traditions and the contemporary teachers I studied consistently valued one thing in particular: being awake, present, and aware in the moment.”¹¹⁵ She continues this advocacy throughout the last part of her book, speaking to the advantage of being present and cultivating compassion. However, while she does write about the importance of self-discovery and self-diagnosis as we connect with our inner selves,¹¹⁶ she does not go deeply into what this might look like, and instead stays on the surface as she speaks of meditation as a way to stay aware and present.

This is in alignment with other texts on secondary trauma, with mindfulness based stress reduction and relaxation techniques being assigned as a way to bring a holistic approach to healing from trauma exposure.¹¹⁷ However, as we have seen, The Compassion Practice offers additional steps beyond the foundation in mindful awareness, and these spaces of deeper understanding, engagement with emotions, a relationship with a Sacred presence, and compassion for specific internal movements that the practice teaches allows more opportunities for growth and healing that allow for dynamic relationships with one’s internal self, God, and others, as we have seen in the case of Lisa referenced above. Healing is not only about

¹¹⁵ van Dernoot Lipsky, 130.

¹¹⁶ van Dernoot Lipsky, 132.

¹¹⁷ Mathieu, 121-131.

managing the symptoms, but how we can enter into the invitation being offered and exit transformed.

Finding 4

Participants reflected up on The Compassion Practice as a framework for a potential curriculum dedicated to provide support and relief of the symptoms of secondary trauma.

During the interviews the participants and I spoke about their experiences of the various pieces of curriculum and we evaluated what seemed to work best. While I have these recommendations within the interviews, as I mentioned before, since the group ended two people are training to be facilitators of The Compassion Practice, and a third was already in the process. These three, plus the fourth person, Lisa, are interested in meeting for a one-time session to talk through in greater detail what a curriculum would look like, and we may do this in the future. I have offered to share with them videos and literature on secondary trauma, and three are now in training to be facilitators, so they are equipped and experienced to co-create an outline of a curriculum. This was the invitation and possibility of participant action research, but I as a researcher could not predict where this would end, or if the participants would find the materials of use, or be interested in extending them to others in their communities.

While this final piece of work is yet to be completed, the interviews are rich with experiences and insights that will yield a solid curriculum that is comprehensive in presenting The Compassion Practice with the most helpful parts highlighted, while also integrating best practices for treating secondary trauma into the curriculum.

While I have written about ways that the practice supported participants above, there were also specific features of the curriculum that were very helpful to people. All the participants spoke of the terms, like ‘U’ turn, PULSE, and FLAG. These were tangible concepts

that could be applied in their everyday encounters as well as in their contemplative practices. Participants also agreed that the handouts and the audio recordings supported them in learning the new information and allowed them to be able to access the materials in between sessions.

There were differing ideas about how much information to include on secondary trauma. My initial plan was to systematically add it throughout the sessions and speak to how the dynamics of The Compassion Practice could line up with the experiences of secondary trauma, and the relationships that were involved. However, as I began to engage in the research I realized that there was not enough time to keep the sessions as they were and also add information. Additionally, I began to see how The Compassion Practice, which trusts our inner wisdom, could be used by people with differing experiences, secondary trauma or not, as it teaches people to be aware of what is happening and then to discern what to engage with and how. I also trust people, and did not want to initiate practices that their internal systems were not ready for, and so was not as explicit as I thought I would be. Some people agreed with this, and others thought there should be more instruction.

In a conversation with David, we discussed how this might be accomplished while giving people the room to use The Compassion Practice in ways that was most helpful for them. He suggested using the stories as an opportunity to introduce the external and internal dynamics of secondary trauma, which provides instructional space without dictating how people use the practice themselves. Having an example that was clear, the participants could then chose to use their own experiences of secondary trauma when doing the practice, or could instead choose to pray with another situation in their lives that was calling to them. This seems like a gentle way to offer the invitation to people while still giving them the space to discern how they would like to use it.

After reflecting on this with the participants, I believe 5-10 minutes of content about secondary trauma, along with stories aligned with trauma exposure, would provide the detail that would be helpful for most participants. Some participants wanted outside readings, and obtained some of the publications I referenced, so this is another area where people could get helpful information. Also, when speaking about the homework at the end of the sessions I often would find ways that they could bring in practices to treat secondary trauma that aligned with the skill they were practicing that week, but in a dedicated curriculum I would add this formally.

One of the criticisms were the ways the session time was used, but rather than changing the curriculum I suspect this was a feature of my anxiety than a feature of the curriculum. Specifically, several participants stated that while I taught well and clearly stated the focus of the evening, I would often repeat myself, which resulted in less time for the practices. I know this to be true, and in an effort to make sure that I have articulated the teachings tend to repeat myself. What I hear in these reflections is an invitation to do The Compassion Practice with myself, even briefly, before each session to sit with those spaces of anxiety so they do not need to manifest in the class. I also hear that the practice times were especially helpful to the participants, which I appreciate as I also believe that most of what we learn comes from these contemplative moments, especially when they are experienced in a communal space.

One important question that has yet to be determined is the length of the classes. While four of the eight original participants returned several months after we finished our group to complete session 9 – 12 of the curriculum as they found it so helpful, when asked if they would have committed to this length of time originally, before knowing how helpful it was, they did not know if they would have participated. However, there are some ways to frame this experience that might make it easier. If we decide 12-weeks is optimal, it might be helpful to emphasize the

psycho-social-spiritual component, rather than frame it as a spiritual formation opportunity, as it is somewhat common to run group counseling sessions, with a psycho-educational focus, for three months, or more, at a time. Groups such as grief groups, behavior modification groups, support groups, are often developed as closed groups that meet for a given amount of time. The Compassion Practice as a group to treat secondary trauma with a psycho-spiritual approach could be developed with the same understandings.

Another option would be to break it into two sections, so people have the opportunity to experience some work before committing to the entire process. This would have the advantage of offering people the opportunity to repeat smaller sections given what they want to work on. It could be broken into two six-week groups, focusing on the internal process and then looking outward for the second set, or an 8-week and a 4-week group, which is what we did.

Given an opportunity to work with people for a longer period of time, it might be possible to have an 8-week group where people get the basic information and practices, but then also offer a monthly supportive group where, once someone has gone through the 8-week group, they can join to learn how to make long-term changes and experience transformation while also having an opportunity to join in a community of others who are doing the same work. While this ongoing support can be offered as a continuation of any group, it would allow the 8-week group to function as a basic instructional space, while the deeper work would really happen in the group.

While this practice and curriculum worked for most of the group, and would just need some adjustments to make it a formal curriculum for those who have experienced trauma exposure, I believe that for law enforcement officers the curriculum would need to be changed substantially for them to experience the same degree of support and healing that the others did.

The hyper-vigilance that the officers have to cultivate as part of their work, I believe, makes it difficult to participate actively in these practices. Due to the nature of The Compassion Practice, and the invitation to specifically cultivate compassion and understanding for various parts of ourselves, this could be a very powerful exercise for law enforcement officers, if it is presented differently. Further research asks to be done with this group of people and this specific topic, but I believe that a longer group would be helpful, with the first 4-6 weeks just focused on psycho-education regarding physiological and neurological responses to trauma along with contemplative practices focusing on mindfulness and relaxation would be a good foundation to then introduce The Compassion Practice onto. The two officers who participated appreciated the time together and the instruction and experiences, but I am not sure that they were able to rest into the contemplative practices in a way that would allow them to benefit substantially. More experience with information about secondary trauma and skills around contemplative practices would be helpful.

Interpretation

These interviews gift meaning every time I revisit them, but there are several other themes that became evident shortly after speaking with people that feel compelling. One of these is the vocational call certain people felt toward walking alongside people who were suffering, and specifically engaging in a relationship with Jesus through engaging with those who suffer in the world. And, a second was an extension of the transformational features of The Compassion Practice that seemed almost like an alchemical process. While this is perhaps not unusual in spiritual or psychological writings, having a specific process that allows this to happen with regularity seems to be, and, within the discipline of psychology can be understood as post-traumatic growth, the experience that some people have after a traumatic experience of gaining

benefits in their lives, usually through growth in their personal lives or abilities to perceive meaning, specifically due to the trauma occurrence. This is a dynamic that has been recognized in the past 10-15 years, and while connected to resilience is different. Resilience states that you will “bounce back” after a traumatic occurrence to baseline, post-traumatic growth suggests that you will not only get to baseline, but that your life will be enhanced due to the trauma occurrence.

This together is interesting, and suggests a cycle of vocation that involves discerning a call to witness to suffering in the world in a personal way, living into that call through activity in the world, and engaging in The Compassion Practice as a way to continually engage within a spiritual practice that would allow people to transform these experiences of trauma exposure into something that would provide strength, meaning and connection. Further research and development in this area seems important, and development of theory and practice could lead to liberative praxis for all involved.

Chapter 6: Conclusion

The purpose of this study was to inquire into the spirituality and experiences of individuals who have trauma exposure and agreed to participate in a compassion-based contemplative practices, and to explore the effect of The Compassion Practice curriculum on persons with elements of secondary trauma. The study considered questions about the spiritual themes and questions that arose, if any, in persons who experience secondary trauma, as well as wondering about ways people who experience secondary trauma perceive secondary trauma as having an influence on their spirituality and theology. In addition, the study considered the impact of The Compassion Practice on eight adults who have experienced secondary trauma who agreed to participate in The Compassion Practice curriculum, and what a curriculum that is created to meet the needs of those with secondary trauma might look like.

The purpose of this chapter is to offer a final space for findings and conclusions, as well as discussion about further research.

Participants in the study articulated a keen sense of finding God in spaces of suffering, which drew them into their work or relationships that exposed them to trauma. It was not that they believed they need to suffer for the sake of suffering, but that they experienced God in these spaces of suffering, and believed that these places, and these relationships, were ones that they were being called into to amplify and experience the Sacred in authentic ways.

The study also revealed the way trauma exposure can change one's experience of God, and ways that The Compassion Practice can open up this experience so that individuals can come closer to this knowing, and thus have a greater understanding and deeper relationships with God.

In addition, as the original hypothesis suggested, participants were supported by The Compassion Practice. The participants found that it not only helped them develop tools to meet

the symptoms of secondary trauma, but that it offered a paradigm and practices that transformed the trauma, and their trauma, into something else, something that ultimately assisted them in doing the work that they felt called to do, which, for the participants who chose vocations which placed them in the space of trauma exposure, met their vocations in a matrix of spirituality and salvation and allowed them to go deeper.

And, finally, the study considered what a curriculum founded on The Compassion Practice but with an aim toward secondary trauma would look like. Participants reflected on what was most helpful to them, and identified the overall practice as transformative, and the specific teachings ones that they could remember and use in their daily life and in their contemplative practices. We looked at multiple options for design, and specified which groups would work best for different populations.

Recommendations

These findings are important as this is one of the few studies to look at spirituality and secondary trauma, but developing a model that is praxis based and can be used as a theoretical and practical model for liberation within trauma is an important future step. Looking at the concept of post-traumatic growth, how The Compassion Practice fits within this model, and how this concept can further assist the people who devote their lives to helping others will be highly beneficial.

Researcher Reflections

To end this study feels odd to me. I spent so long planning and hoping into this space, and still feel there is so much to do, so many rich interview quotes to share with the world, so much need for a completed curriculum, so much more to do that to end seems hasty. And, doing this research connected me with the very best people, people who spend time and energy

learning how to cultivate a space within themselves so they can continue to connect and develop relationships with those who suffer, most often through no fault or choice of their own.

As we know that we research what we most need to know for ourselves, I have found secondary trauma and the change in world view that follows to be difficult, and have found in these people and their words hope for how to frame who we are, the world we live in, and the hope that is, still, thankfully present.

Bibliography

Alisic, Eva. "Teachers' Perspectives on Providing Support to Children After Trauma: A Qualitative Study." In *School Psychology Quarterly* 27, no. 1 (2012): 51-59.

Alisic, Eva, Marissa Bus, Wendel Dulack, Lenneke Pennings, and Jessica Splinter. "Teachers' Experiences Supporting Children After Traumatic Exposure." *Journal of Traumatic Stress* 25, no. 1 (2012): 98-101.

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. Washington, DC: American Psychiatric Publishing, 2013.

Anderson, Elizabeth M., Lisa V. Blitz, and Monique Saastamoinen. "Exploring a School-University Model for Professional Development With Classroom Staff: Teaching Trauma-Informed Approaches." *School Community Journal* 25, no. 2 (2015): 113-134.

Armstrong, Karen. *Twelve Steps to a Compassionate Life*. New York: Anchor Books, 2010.

Barth, Richard P., Joanne Yeaton, and Nanette Winterfelt. "Psychoeducational Groups with Foster Parents of Sexually Abused Children." *Child and Adolescent Social Work Journal* 11, no. 5 (1994): 405-424.

Berger, Rony, Hisham Abu-Raiya, and Joy Benatov. "Reducing Primary and Secondary Traumatic Stress Symptoms Among Educators by Training Them to Deliver a Resiliency Program (ERASE-Stress) Following the Christchurch Earthquake in New Zealand." *American Journal of Orthopsychiatry* v86, no. 2 (2016): 236-251.

Beste, Jennifer E. *God and the Victim: Traumatic Intrusions on Grace and Freedom*. New York: Oxford University Press, 2007.

Bloomberg, Linda Dale and Marie Volpe. *Completing your Qualitative Dissertation: A Road Map From Beginning to End*. Thousand Oaks, CA: SAGE Publications, 2016.

Bold, Christine. *Using Narrative in Research*. Thousand Oaks, CA: SAGE Publications, 2012.

Burke, J.R. and Rodney J. Hunter. "Pastoral Theology, Protestant." In the *Dictionary of Pastoral Care and Counseling*, edited by Rodney J. Hunter, 867-872. Nashville, TN: Abingdon Press, 2005.

Byrne, Richard, O.C.S.O. "Journey (Growth and Development in Spiritual Life)." In *The New Dictionary of Catholic Spirituality*, edited by Michael Downey, 565-577. Collegeville, MN: The Liturgical Press, 1993.

Clandinin, Jean D. *Engaging in Narrative Inquiry*. New York: Routledge, 2016.

Conradi, Lisa, Jen Agosti, Erika Tulberg, Lisa Richardson, Heather Langan, Susan Ko, and Charles Wilson. "Promising Practices and Strategies for Using Trauma-Informed Child Welfare Practice to Improve Foster Care Placement Stability: A Breakthrough Series Collaborative." *Child Welfare* 90, no. 6 (2011): 207-225.

Cresswell, John W. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. Thousand Oaks, CA: SAGE Publications, 2013.

Davies, Oliver. "Compassion." In *The New Westminster Dictionary of Christian Spirituality*, edited by Philip Sheldrake, 204-206. Louisville, KY: Westminster John Knox Press, 2005.

Dumesnil, James. "The Contagion of Trauma: Exploring Attachment through the Book *Love Lessons*." In *Identifying, Treating, and Preventing Childhood Trauma in Rural Communities*, edited by Marion Baker, Jacqueline Ford, Brittany Canfield and Tracie Grabb, 225- 247. Advances in Psychology, Mental Health and Behavioral Studies. Hershey, PA: IGI Global, 2007.

Fischman, Yael. "Secondary Trauma in the Legal Professions, a Clinical Perspective." *Torture* 18, no. 2 (2008): 107-115.

Gilbert, Paul. *Compassion Focused Therapy: Distinctive Features*. New York: Routledge, 2010.

Gilmartin, Kevin M. *Emotional Survival for Law Enforcement: A Guide for Officers and Their Families*. Tucson, AZ: E-S Press, 2002.

Hatcher, Schnavia Smith, and Brian E. Bride, Hyejung Oh, Dione Moultrie King, and James "Jack" Franklin Catrett. "An Assessment of Secondary Traumatic Stress in Juvenile Justice Education Workers." *Journal of Correctional Health Care* 17, no. 3 (2011): 208-217.

Herman, Judith. *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror*. New York: Basic Books, 2007.

Holmes, Cheryl, Michelle Levy, Avis Smith, Susan Pinne, and Paula Neese. "A Model for Creating a Supportive Trauma-Informed Culture for Children in Preschool Settings." *Journal of Child and Family Studies* 24, no. 6 (2015): 1650-1659.

Jacobi, Tobi and Lara Rose Roberts. "Developing Support and Self-Care Strategies for Volunteers in a Prison Writing Program." In *The Voluntary Sector in Prisons: Encouraging Personal and Institutional Change*, edited by Laura S. Abrams, et al., 331-361. New York: Palgrave MacMillan, 2016.

Jones, Serene. *Trauma and Grace: Theology in a Ruptured World*. Westminster John Knox Press, 2009.

Josselson, Ruthellen and Amia Lieblich. "A Framework for Narrative Research Proposals in Psychology." In *Up Close and Personal: The Teaching and Learning of Narrative Research*, edited by Ruthellen Josselson, Amia Lieblich, and Dan P. McAdams, 259-274. Washington, D.C.: American Psychological Association, 2003.

Koening, Adam. "Learning to Prevent Burning and Fatigue: Teacher Burnout and Compassion Fatigue." Master's thesis, The University of Western Ontario, 2014.

Levin Andrew P., Linda Albert, Avi Besser, Deborah Smith, Alex Zelenski, Stacey Rosenkranz, and Yuval Newia. "Secondary Traumatic Stress in Attorneys and Their Administrative Support Staff Working With Trauma-Exposed Clients." *The Journal of Nervous and Mental Disease* 199, no. 12 (2011): 946-955.

Levin, Andrew P. and Scott Greisberg. "Vicarious Trauma in Attorneys." *Pace Law Review* 245, no. 1 (2003): 245-252.

Levine, Peter. *Trauma and Memory: Brain and Body in Search for the Living Past*. Berkeley, CA: North Atlantic Books, 2015.

_____. *Waking the Tiger: Healing Trauma*. Berkeley, CA: North Atlantic Books, 1997.

Lindstrom, Cassie M. and Kelli N. Triplett. "Posttraumatic Growth: A Positive Consequence of Trauma." In *Handbook of Stressful Transitions Across the Lifespan*, edited by Thomas W. Miller, 569-583. New York: Springer, 2010.

Lofland, John, David Snow, Leon Anderson, and Lyn H. Lofland. *Analyzing Social Settings: A Guide to Qualitative Observation and Analysis*. Belmont, CA: Wadsworth, 2006.

Long, Di and Yuk-Lin Renita Wong. "Time Bound: The Timescape of Secondary Trauma of Surviving Teachers of the Wnechuan Earthquake." *American Journal of Orthopsychiatry* 82, no. 2 (2012): 241-250.

Lucas, Lyn. "The Pain of Attachment – "You Have to Put a Little Wedge in There." *Childhood Education* 84, no. 2 (2007/2008): 85-91.

Malina, Bruce J. and Richard L. Rohrbaugh. *Social-Science Commentary on the Synoptic Gospels*. Minneapolis, MN: Augsburg Fortress, 2003.

McDargh, John, H. "Psychology, Relationship and Contribution to Psychology." In *The New Dictionary of Catholic Spirituality*, edited by Michael Downey, 792-800. Collegeville, MN: The Liturgical Press, 1993.

McNiff, Jean and Jack Whitehead. *All You Need to Know About Action Research*. Thousand Oaks, CA: SAGE Publications, 2006.

Moschella, Mary Clark. *Ethnography as a Pastoral Practice*. Cleveland, OH: The Pilgrim Press, 2008.

Motta, Robert W. "Secondary Trauma in Children and School Personnel." *Journal of Applied School Psychology* 28, no. 3 (2012): 256-269.

Mullino Moore, Mary Elizabeth. "Children and Youth Choosing Life." In *Children, Youth, and Spirituality in a Troubling World*, edited by Mary Elizabeth Moore and Almeda M. Wright, 1-13. Danvers, MA: Chalice Press, 2008.

Murray, Michael. "Narrative Psychology." In *Qualitative Psychology: A Practical Guide to Research Methods*, edited by Jonathan A. Smith, 111-132. Thousand Oaks: SAGE Publications, 2014.

Papazoglou, Konstantinos. "Conceptualizing Police Complex Spiral Trauma and its Applications in the Police Field." *Traumatology* 19, no. 3 (2012): 196-209.

Perrin, David B. *Studying Christian Spirituality*. New York: Routledge, 2007.

Phillips, James. "PTSD in DSM-5: Understanding the Changes." *Psychiatric Times*, September 15, 2015. <http://www.psychiatrictimes.com/ptsd/ptsd-dsm-5-understanding-changes>.

Piwowarczyk, Lin, Sarah Ignatius, Sondra Crosby, Michael Grodin, Tim Heeren, and Anita Sharma. "Secondary Trauma in Asylum Lawyers." *Bender's Immigration Bulletin* 14, no. 5 (2009): 1-9.

Poling, James Newton. *Rethinking Faith: A Constructive Practical Theology*. Minneapolis: Fortress, 2011.

Rambo, Shelly. *Spirit and Trauma: A Theology of Remaining*. Louisville, KY: Westminister John Knox Press, 2010.

Reason, Peter and Sarah Riley. "Co-Operative Inquiry: An Action Research Practice." In *Qualitative Psychology: A Practical Guide to Research Methods*, edited by Jonathan A. Smith, 207-234. Thousand Oaks: SAGE Publications, 2014.

Reissman, Catherine Kohler. *Narrative Methods for the Human Sciences*. Thousand Oaks, CA: SAGE Publications, 2008.

Rogers, Frank, Jr. *The Way of Jesus: Compassion in Practice*. Nashville, TN: Upper Room Books, 2016.

_____. *Practicing Compassion*. Nashville, TN: Upper Room Books, 2015.

Rojas-Flores, Lisseth, Sofia Herrera, Joseph M. Currier, Tomua D. Foster, Katherine M. Putman, Ashli Roland, and David W. Foy. "Exposure to Violence, Posttraumatic Stress, and

Burnout Among Teachers in El Salvador: Testing a Meditational Model.” *International Perspectives in Psychology: Research, Practice, Consultation* 4, no. 2 (2015): 98-110.

Rothschild, Babette with Marjorie Rand. *Help for the Helper: The Psychophysiology of Compassion Fatigue and Vicarious Trauma*. New York: W.W. Norton and Company, 2006.

Saakvitne, Karen W. and Laurie Anne Pearlman. *Transforming the Pain: A Workbook on Vicarious Traumatization*. New York: W.W. Norton and Company, 1996.

Schneiders, Sandra M. “Christian Spirituality: Definition, Methods, and Types.” In *The New Westminster Dictionary of Christian Spirituality*, edited by Philip Sheldrake, 1-6. Louisville: Westminster John Knox Press, 2005.

Simmonds, Gemma. “Formation, Spiritual.” In *The New Westminster Dictionary of Christian Spirituality*, edited by Philip Sheldrake, 309-310. Louisville: Westminster John Knox Press, 2005.

Smith, Jonathan A. “Introduction.” In *Qualitative Psychology: A Practical Guide to Research Methods*, edited by Jonathan A. Smith, 1-3. Thousand Oaks: SAGE Publications, 2008.

Sommer, Carol A. “Vicarious Traumatization, Trauma-Sensitive Supervision, and Counselor Preparation.” *Counselor Education and Supervision* 48 (2008): 61-71.

Trauma Center at Justice Resource Institute. “About Us.” Accessed October 30, 2017.
http://www.traumacenter.org/about/about_landing.php.

Trippany, Robyn and Debra Pender. “The Case of Ellen.” In *Beyond the DSM Story: Ethical Quandries, Challenges, and Best Practices*, edited by Karen Eriksen and Victoria E Kress, 175-186. Thousand Oaks, CA: Sage Publications, 2005.

Van der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*. New York: Viking, 2014.

van Dernoot Lipsky, Laura with Connie Burke. *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. San Francisco: Berrett-Koehler Publishers, 2009.

van Deusen Hunsinger, Deborah. “Bearing the Unbearable: Trauma, Gospel, and Pastoral Care.” *Theology Today* 68 (2011): 8-25.

Vrklevski, Lila Petar and John Franklin. “Vicarious Trauma: The Impact on Solicitors of Exposure to Traumatic Material.” *Traumatology* 14, no. 1 (2008): 106-118.

Appendix A: IRB Submission for Dissertation Research

April 14, 2016

Working Title:
*Secondary Trauma and Compassion:
A Narrative Inquiry into Secondary Trauma
and The Compassion Practice*

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Project Period

The active research will take place during a 12-week session of curriculum focusing on The Compassion Practice, a program that seeks to cultivate compassion with oneself and others while encouraging a deeper connection to the Sacred, as well as some interviews before and after the sessions. Altogether, the research will take place over no more than 18 weeks. If approval is granted prior to summer 2016 the research will begin during June or July, and be done in October or November 2016.

Proposed Funding Sources

No funding other than what I will be providing for incidentals.

Summary of the research objective(s)

Clinically, secondary trauma happens as the result of exposure to individuals or groups who have experienced trauma. Symptoms of secondary trauma often include feeling helpless and hopeless, a sense that one can never do enough, hypervigilance, chronic exhaustion and physical ailments, fear, anger and cynicism, and inability to empathize,¹¹⁸ while “its hallmark is disrupted spirituality, just as with direct psychological trauma, in which the signature loss is that of meaning and hope.”¹¹⁹

¹¹⁸ Laura van Dernoot Lipsky with Connie Burk, *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* (San Francisco: Berrett-Koehler Publishers, Inc., 2009), 47-115.

¹¹⁹ Laurie Anne Pearlman and James Caringi, “Living and Working Self-Reflectively to Address Vicarious Trauma,” in *Treating Complex Traumatic Stress Disorders: Scientific Foundations and Therapeutic Models*, ed. Christine A. Courtois and Julian D. Ford (New York: The Guilford Press, 2014), 203.

As many of the treatment recommendations for secondary trauma align with the curriculum for The Compassion Practice, such as increased awareness, compassion cultivation, contemplative practices,¹²⁰ and body focusing,¹²¹ I am curious about the experiences of people who are experiencing secondary trauma and who also engage in this practice. The research hypothesis is that The Compassion Practice curriculum will alleviate some of the symptoms of secondary trauma and provide a spiritual foundation and new sense of coherence upon which to base their work.

In addition, a long-range interest is to develop a compassion-cultivation program specifically for individuals who are experiencing secondary trauma. For this reason, in addition to narrative inquiry, participant action research will be part of this research. Participant action research is a good partner for this purpose as its goal is to both "...produce knowledge and action directly useful to a group of people – through research, through adult education, and through sociopolitical action."¹²² In this case, collaborative practice, knowledge, and reflection will lead to a form of The Compassion Practice that is especially relevant to supporting those in areas where secondary trauma is an issue, and threatens to prevent them and those they work with from flourishing.

Summary of any relevant literature addressing risks of the method, topic, or population involved

Ethical considerations for this project specifically might involve the personal nature of the subject material, in that individuals will be asked to reflect on experiences of secondary trauma they have experienced, and to think specifically about this within a theological context. For individuals with a history of primary trauma this might be a sensitive area as exposure to primary trauma makes a person even more vulnerable to secondary trauma.¹²³ In addition, the study will involve theological interpretations, ones present in the compassion cultivation program, and some may find these interpretations contrary to their own understandings, and may require extra processing. As I seek to recruit individuals for the study, I would include this information in the informed consent, but would also have a conversation with them about supportive systems they have available in their personal lives which could support them during the time of the study, such as close friends and family, an established relationship with a therapist, or access to a therapist through insurance or community resources.

Describe the population(s) from which participants will be recruited, plans for the recruitment, and the consent procedures to be followed. Participation is completely voluntary. Participants may withdraw at any time without a penalty. Will any kind of incentive be offered to participants?

¹²⁰ van Dernoot Lipsky, 144-243.

¹²¹ Babette Rothschild with Marjorie Rand, *Help for the Helper: Self-Care Strategies for Managing Burnout and Stress* (New York: W.W. Norton & Company, 2006), xxi.

¹²² Peter Reason and Sarah Riley, "Co-Operative Inquiry: An Action Research Practice," in *Qualitative Psychology: A Practical Guide to Research Methods*, ed. Jonathan A. Smith (Thousand Oaks, CA: SAGE Publications, 2008), 210.

¹²³ Pearlman and Caringi, 211.

There will be no participants who would be considered vulnerable or within the protected classes in this study.

The participants in the project will be those who work or volunteer in a field where secondary trauma may be an issue, and who also either identify as Christian or who are interested in participating in a compassion cultivation program which involve Christian language and theological constructs. I will recruit via word of mouth, and will use the ‘snowball’ method of gaining other members, contacting individuals who have indicated to me that they are interested in this study and invite them to participate, while also extending an invitation to others they know who might be interested. The benefit of this approach is that we would have a collection of people engaged in different types of work. These different experiences would bring strength to the study in creating space for their various voices.

While I have considered contacting faith-based social service organization to see if it would be possible to partner with them to offer the program to their staff as part of my research, this connection might prove to be too vulnerable to the participants, who will be encouraged to reflect on their work, and the systems within their work which may either increase secondary trauma or provide a supportive context within which to do their work. While I may contact organizations to communicate this opportunity to individuals, the research will be separate from the organization itself.

Consent procedures will include the conversation referenced above while introducing the participant to the consent form. Potential participants will be told verbally and in the informed consent that participation is voluntary and that they can withdraw at any time without penalty. There are no incentives offered other than participating in a program that individuals generally pay to attend (approximately \$300 when going through The Center for Engaged Compassion).

Provide a copy of the consent form

See Appendix B

Provide a brief summary of the procedures to be utilized during the course of the research. Specifically identify those procedures, tests, or activities that will be used to collect data.

Individuals will be invited into a 12-week compassion cultivation program (The Compassion Practice), which will involve an element of teaching, group discussion, and contemplative practice every week. The curriculum will be augmented with information that is relevant to those experiencing secondary trauma, such as the physiological and neurological effects of secondary trauma, in order to increase awareness.

As far as gathering data, there will be a number of entry points for data to enter into this research. One is observation of the group and my own research diary. In addition, as there will be a component of action research to this narrative inquiry, I would like to give the opportunity to the group to also record their reflections on the research process, and how the experience is affecting their real life, in both their personal and work spaces. I would encourage them to use various forms of expression, such as traditional written narratives, voice recordings, photos, art, music, emails, or any other way that they can document their response to the experience of the research and their own work in the field. In her book *Using Narrative for Research*, Christine Bold writes,

Asking for written narratives is especially useful in action research projects when you would like others to contribute data relating to your practice. You might look for two different types of narrative, one the autobiographical narrative written in a diary or log and the other a biographical account. The autobiographical diary used by participants rather than yourself can provide useful insights into the impact of your work, or their own personal or professional development.¹²⁴

For both anticipated purposes of the study (dissertation research and program development) personal field research journals would allow parallel processes of developing a program that is relevant to the needs of people experiencing secondary trauma and also detail their thoughts, experiences, joys and struggles as they continue in the work itself. To encourage this level of participation, I would distribute notebooks to be used as diaries, and for those that do not have voice recording abilities on their phones would also distribute small digital recording devices. I would also let participants know that while I encourage them to share the information with me for the purposes named above, engaging in these activities alone is helpful in processing the material, and they alone will determine what I see and then include in the research notes.

In addition to field research journals, I would engage in traditional interviews with the participants, with questions developed from research on secondary trauma, and, as time goes on, also involve questions co-created by experiences that we all share together as we meet 2 hours a week for 12 weeks for the programming aspect of the study. For this reason I will conduct interviews in the beginning, middle, and end of the program, and one four weeks after the program has ended, with the purpose of giving individuals time to reflect on the experience and gather their thoughts about how it might impact their lives, or not, long term.

The interviews will be done from a depth interview orientation, the purpose of which is to gain a “...rich, nuanced, *storied* sample of subjectivity that details how it has felt to the participant to be living the life he or she has lived in relation to the phenomena of the research question.”¹²⁵ The end result will be four, one-hour interviews, from six of the participants in the study. This will mean that not everyone will be interviewed, but everyone will be encouraged to develop a field research journal or engage in other forms of narrative. The analysis will occur as an iterative, ongoing process, and I will review the activities and modify practice over the course of the study.¹²⁶ This will not only avoid having hours of interviews and pages of text to transcribe and analyze at the end of the study, but will allow for change to happen real time in regards to the development of the curriculum and in response to unforeseen developments within the interview process. Please see Appendix B for sample interview questions.

Interviews will be transcribed, either by a transcriptionist or myself. If I do use a transcriptionist they will be required to sign a confidentiality form stating that they will hold all information shared with them in confidence, and keep data (digital and physical) in a secure location (see appendix D for confidentiality form). After transcribing the interviews they will be available to the participants for review. If they believe the content is unclear, or would like to add additional information, they can amend the interview with a written statement that will become part of the official data set for analysis purposes.

¹²⁴ Christine Bold, *Using Narrative in Research* (Thousand Oaks, CA: SAGE Publications, 2012), 106.

¹²⁵ Ruthellen Josselson, *Interviewing for Qualitative Inquiry: A Relational Approach* (New York, NY: The Guilford Press, 2013), ix. Italics in quote are the author's.

¹²⁶ Bold, 121.

Analysis will involve multiple cycles of open coding and analytic memos, which will allow emerging themes to develop from the narrative data.¹²⁷ As a resource guide, I have found Johnny Sandaña's *The Coding Manual for Qualitative Researchers* to be very helpful, and because he does not maintain allegiance to any one specific research genre or methodology his methods can be used with many forms of research.¹²⁸ Analysis will be done within qualitative research software. I have been trained on Atlas-ti and NVivo, but will use MAXQDA for this project and believe the knowledge will transfer over.

Describe how the procedures reflect respect for the privacy, feelings, and dignity of participants, avoid an unwarranted invasion of privacy, and minimize risks as much as possible--recognizing that some risk is inevitable. If protected health information (PHI) is to be collected, describe the procedures of de-identification, the minimum information necessary to be disclosed, and who will have access to the information. In addition, describe conditions for a designated individual's access to the PHI

I seek to provide a respectful space for participants throughout the research process, beginning with choosing research methodologies that are respectful of the individuals, empowering, and which believe the individuals and communities to contain within their lives powerful forms of knowledge which research only illuminates, but does not create. Both narrative inquiry and participant action research seek to provide research foundations with these intentional values in mind, and I have chosen to work with them because of these values, which I seek to build my research upon.

Interviews will be done in a physical space of the interviewee's choosing, in order to facilitate their comfort. This can be at their work, in their homes, etc. If for some reason they do not want to do the interviews in their own personal space, we will use the space the group sessions are done at.

The participant's identifying information (name, age, location, place of work) will be changed to protect confidentiality, and pseudonyms will be used. Only the researcher and the individual participant will know what pseudonym is assigned to them. In addition, if clients or individuals that the participants work with are named in the interviews or research data, I will change their identifying information (name, age, location, place where they received services) to protect their confidentiality as well.

In the consent form and throughout the process I will emphasize that individuals are encouraged to listen deeply to themselves and either abstain from or change practices that they are uncomfortable with. This is true not only for the explicit practices of research, such as interview questions that they do not feel comfortable answering or research journal entries they decide not to include in the final research data, but also within the compassion curriculum itself. Part of the invitation of The Compassion Practice is self-awareness and following one's own internal guidance, so the teaching always asks people to discern what is comfortable to them and only engage at the level they feel is appropriate, or encourages them to even change the practice if there is an internal urge to go in another direction. While these choices are dependent on the

¹²⁷ Bold, 130.

¹²⁸ Johnny Sandaña, *The Coding Manual for Qualitative Researchers* (Thousand Oaks, CA: SAGE Publications, 2013), 2.

participant having the awareness of what they feel comfortable with and feeling empowered enough to act on this awareness, the curriculum itself builds these capacities and strengthens them, which decreases the opportunities of risk of interpersonal harm during the research.

Describe and assess any potential attendant risks. Indicate any physical, psychological, social, or privacy risks which subject may incur. (This includes any request for the participant to reveal any PHI and/or embarrassing, sensitive, or confidential information about themselves or others). If any deception is to be used, describe it in detail. Include plans for debriefing.

Some risks were discussed above, including some discomfort with becoming more self-aware, an increased connection to painful events, or by coming into contact with alternative theological ideas. While these risks are no more than minimal, individuals are encouraged to engage with materials and content in the way that is most appropriate and comfortable for them. These risks could extend socially if participants begin questioning their theological foundations and bring these questions to their faith communities.

Privacy is an issue in all forms of research, and steps will be taken to keep the identities and information of the participants confidential. The group will be a closed group, and no one other than the researcher and research participants themselves will be allowed to be present during the sessions. The greatest risk to privacy comes from sharing confidential information in a group space. While we will talk about confidentiality in the consent process and during the first session of the group – the need to respect the confidential nature of the information shared and to not share this information with people outside of the group – I cannot guarantee that these confidences will be kept private. This risk will be part of the consent also, and we will discuss this in the group.

No deception will be used in this study.

Debriefing will happen in several ways. The curriculum offers an organic ritual at the end of the program (12th session) that provides space for both the individual and the group to process the experience and provide closure. There will be time during this last session to process within contemplative practices, personally, and verbally with the group. In addition, the data collection will continue for four weeks after the group ends, until the last interview, and participants will be encouraged to record in whatever way feels appropriate reflections about the process during this time, as well as in the final interview, which will be a more formal debrief. And, finally, as there is an element of participant action research to this research project, the participants will be offered the opportunity to read the research after it is written up (while pseudonyms will be used for each participant, only the researcher and the individual participant will know which pseudonym is theirs), and will be invited to submit their own additional statement (up to five pages, double spaced) regarding the process, the research, or thoughts on how the data has been utilized. These submissions will be included in an appendix of the final dissertation. While some may not feel called to be part of the study in this way, I want to create an opportunity for transparency and space for multiple voices, even as I realize we may not agree on the outcome of the research.

Describe the procedures to assure confidentiality in the use, storage, and disposal of primary data, including how long data will be maintained, where it will be kept, how it will be protected, and how it will be destroyed.

The sessions will be offered in a private, closed room in a church central to the participants and only the participants in the study will be able to attend the sessions.

Physical materials from the program with participant information – signed consent forms, research journals, participant diaries, artifacts, USB drives etc. – will be kept in a locked storage box in my home and only I will have the key to open it. Electronic data will be kept on my phone and computer, both of which are password protected and only I use. A screen saver will be in use on my computer that will activate upon 20 minutes of non-use and require a password before the computer can be used again. If I need to transfer files to a transcriptionist, I will compress and encrypt the files before transfer.¹²⁹ Backup files will be in an encrypted disc image stored on Dropbox.¹³⁰ All personally identifiable information will be kept separate from research data and securely filed in locked storage box, and the pseudonyms will be used during the data collection and analysis, and in the dissertation.¹³¹

After the study is completed I will keep the data for at least three years per federal regulations.¹³² In anticipation of using data for future studies I will include a question on the consent form asking participants if I can use their data for future studies, or if they would prefer I not use their data and destroy it after the three years have passed. If they indicate they do not want the data used in another study, I will destroy it after three years after the research is complete (December 2019) by shredding the paper materials and permanently deleting the electronic files.¹³³ Data will be stored during the three-year period in the manner described above.

If there data is lost, stolen, or if confidentiality is breached in any way, participants will be notified by phone and email within 72 hours of finding out about the breach with the information known about the security breach.¹³⁴

Describe how the outcomes of this project will contribute to a professional body of knowledge and/or benefit human welfare

¹²⁹ “Human Research Protections: Best Practices for Data Analysis of Confidential Data,” Princeton University, accessed April 14, 2016, <http://www.princeton.edu/ria/human-research-protection/data/best-practices-for-data-a/>

¹³⁰ John W. Creswell, *Qualitative Inquiry & Research Design: Choosing Among Five Approaches* (Thousand Oaks, CA: SAGE Publications, 2013), 175.

¹³¹ “Human Research Protections: What Kind of Data Protection Do I Need?” Princeton University, accessed April 14, 2016, <http://www.princeton.edu/ria/human-research-protection/data/what-kind-of-data-protect/>

¹³² “Best Practices for Data Analysis of Confidential Data” and “Internal Review Board for Social and Behavioral Sciences at the University of Virginia: Retention of Research Records and Destruction of Data,” University of Virginia, accessed April 15, http://www.virginia.edu/vpr/irb/sbs/resources_guide_data_retention.html

¹³³ “Best Practices for Data Analysis of Confidential Data”

¹³⁴ “Human Research Protections: What to Do In the Event of Theft, Loss, or Unauthorized Use of Confidential Research Data?” Princeton University, accessed April 15, 2016, <http://www.princeton.edu/ria/human-research-protection/data/what-should-i-do-in-the-e/>

The research with those experiencing secondary trauma is especially important in light of the Christian theological understandings we have about the importance of accompanying others in their suffering and advocating for those without a voice. In addition, secondary trauma, while known and discussed within therapeutic, social welfare and even church environments, is not widely known outside of these workspaces. I have spoken with an LAPD detective from the sex crimes unit who had never heard the concept mentioned specifically, other than an vague encouragement to see the mental health providers the organization offers to all its police officers and detectives, but even this was without a reference to secondary trauma and how the work might, at the most fundamental level, affect their outlook, well-being, or relationships with others. I have also discussed secondary trauma with public defenders who work with juvenile offenders, many of whom have experienced years of trauma and poverty before ending up in the criminal justice system, and these attorneys also have never given thought to how hearing the stories of their clients, and witnessing the racism and injustice in the justice system itself, has affected them, although once hearing about the concept these attorneys agree it is important to consider.

This is a significant field to explore, and action research increases the opportunity to impact the fields that represent the individuals participating in the research, as they take back their experiences in the research to their work environments, and also consider the possibility of an organized effort to be more pro-active in bringing the information and practices to others who might benefit from them.

I have discerned this project over a number of years, and have discussed it with many people - individuals experiencing secondary trauma, theologians who also believe this is an important area to tend to with the purpose of offering both theological reflection and renewed practices, and regular people, who have not considered before what the impact on people who care for others professionally entails. I believe that, while I cannot say for sure what the findings will be, this is a worthy field to consider and partnering with these potential participants has the potential to bring significant changes to these individuals' understanding and their lives.

Provide proof that you have completed (normally internet-based) training on the Protection of Human Participants through the Collaborative Institutional Training Initiative (CITI)

Please see Appendix D

Bibliography

Bold, Christine. *Using Narrative in Research*. Thousand Oaks, CA: SAGE Publications, 2012.

Cresswell, John W. *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*. Thousand Oaks, CA: SAGE Publications, 2013.

Pearlman, Laurie Anne and James Caringi. "Living and Working Self-Reflectively to Address Vicarious Trauma." In *Treating Complex Traumatic Stress Disorders: Scientific Foundations and Therapeutic Models*, edited by Christine A. Courtois and Julian D. Ford, 202-224. New York: The Guilford Press, 2014.

Princeton University. "Human Research Protections: Best Practices for Data Analysis of Confidential Data." Assessed April 14, 2016. <http://www.princeton.edu/ria/human-research-protection/data/best-practices-for-data-a/>

_____. "Human Research Protections: What Kind of Data Protection Do I Need?" Accessed April 14, 2016. <http://www.princeton.edu/ria/human-research-protection/data/what-kind-of-data-protect/>

_____. "Human Research Protections: What to Do In the Event of Theft, Loss, or Unauthorized Use of Confidential Research Data?" Accessed April 15, 2016. <http://www.princeton.edu/ria/human-research-protection/data/what-should-i-do-in-the-e/>

Rothschild, Babette with Marjorie Rand. *Help for the Helper: Self-Care Strategies for Managing Burnout and Stress*. New York: Norton & Company, 2006.

University of Virginia. "Internal Review Board for Social and Behavioral Sciences at the University of Virginia: Retention of Research Records and Destruction of Data." Accessed April 15. http://www.virginia.edu/vpr/irb/sbs/resources_guide_data_retention.html

Van Dernoot Lipsky, Laura and Connie Burk. *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. San Francisco: Berrett-Koehler Publishers, Inc., 2009.

Appendix B: Informed Consent

Consent to Participate in Research

Identification of Investigator and Purpose of Study

You are invited to participate in a research study, entitled “*Secondary Trauma and Compassion: A Narrative Inquiry into Secondary Trauma and The Compassion Practice.*” The study is being conducted by Karri Backer under the supervision of Dr. Frank Rogers, Jr. of Claremont School of Theology, 1325 N. College Ave; Claremont, CA 91711, frogers@cst.edu, 909-447-2569

The purpose of this research study is to consider secondary trauma, especially in light of compassion based contemplative practices. Your participation in the study will contribute to a better understanding of ways secondary trauma affects individuals and communities, and practices that might support people working in environments where trauma is common. You are free to contact the investigator using the information below to discuss the study.

1030 North Towne Avenue
Claremont, CA 91711
909.379.8352
Karri.Backer@cst.edu

You must be at least 18 years old to participate.

If you agree to participate:

- The program and data collection (interviews, research journals, other items that the participants submits) will consist of approximately 16 weeks in duration, and will involve different levels of participation in different phases of the study.
 - All participants will be asked to engage in a 12-week program of compassion cultivation that will also incorporate practices that are understood to benefit people working in areas that involve secondary trauma. This program will consist of weekly 2-hour sessions in which participants will experience teaching, group discussion, and personal contemplative practices.
 - All participants will be offered the opportunity to keep reflection journals or audio diaries during the course of the research, where they will be encouraged to write their thoughts, feelings and experiences during this time. Also encouraged are other forms of process work, including art, music, collage, etc. It will be up to the participant if they would like to allow the researcher to use these materials as data in the research. If they do not want the researcher to use this data, these items will not be collected by the researcher and will not be part of the data analysis.
 - Some participants will also be asked to be available for four 60-minute interviews conducted at the beginning, middle, and end of the sessions, as well as one interview four weeks after the sessions have ended.

I am interested in participating in interviews and will be available for four 60-minute interviews over the course of the study.

I am not interested in participating in the interview portion of this study.

- You are also invited to participate in the collection and analysis phases of this research, and will be given the opportunity to see transcripts of your interviews, should you participate in interviews, to assess whether you want to add any information or would like to clarify any information present. Additional information will become part of the official data collection. Also, as meaning from the research develops, you are invited to contribute your own reflections to the themes that emerge. You will have the opportunity to contribute up to five pages of your own words to the final research manuscript (dissertation), detailing your own experiences, reflections, or research themes you believe are important to the study.
- Your participation is intended to help the researcher and wider community understand more about secondary trauma, how compassion-based contemplative practices might support people in environments where trauma is part of the work experience, and what a curriculum that specifically addresses secondary trauma through compassion-based contemplative practices would entail.
- Your participation will consist in attending most if not all sessions (must be able to attend a minimum of ten out of twelve sessions), engaging in the contemplative practices and group discussions (as you feel comfortable) during the sessions. In addition, if you agree, your participation will consist of four 60-minute interviews with the researcher.
- You will not be compensated; however, to engage in The Compassion Practice curriculum with a trained facilitator often costs \$300 or more. As a participant in this research study you will be able to experience this program at no cost.

The purpose of this study is to gain insight into practical theology, pastoral care and/or spiritual care. Participation in this study should not be regarded as—or substituted for—therapy by a licensed professional.

Risks/Benefits/Confidentiality of Data

There are no more than minimal risks associated with this study, but your participation could cause you to feel uncomfortable, embarrassed, sad, tired, etc. There will be no costs for participating. Your name, email address and other personally identifiable information will be kept during the data collection phase. No personally identifiable information will be publicly released. Your personal information, if collected, will be used solely for tracking purposes. A limited number of research team members will have access to the data during data collection. These are limited to: Karri Backer and a transcriptionist. If a transcriptionist is used, they will sign a confidentiality agreement in regards to all digital files, documents, and information involved with this study.

When the results of the research are published or discussed in conferences, I will take the following steps to avoid revealing your identity. I will change certain features of your identity (name, place, profession, age), to avoid identification, and only mention features of your identity that I believe is relevant to the research. In addition, if I use portions of the interviews or the research data where you mention a client or someone you work with, I will also take the same precautions and change their identifying information (name, place, profession, age). If photographs, videos, or audio-tape recordings

of your participation are used for educational purposes, your identity will be protected or disguised. All physical data (reflection journals, research journals, USB drives, etc) will be kept in a locked container, and electronic data will be password protected. If you agree, your data may be used in subsequent studies or research conducted by the researcher, and will be kept in a secured location indefinitely. When it is destroyed, the physical data will be shredded and the electronic data will be permanently deleted. Per federal regulations, your information will be stored at least until December 2019.

I consent to my data being used in future studies and research, and understand it will be stored in a secured location with researcher indefinitely.

I do not consent to my data being used in future studies and research, and want my data destroyed at the earliest possibility (December 2019).

Participation or Withdrawal

Your participation in this study is voluntary. You may decline to answer any question and you have the right to withdraw from participation at any time. Withdrawal will not affect your relationship with Claremont School of Theology in any way. If you do not want to participate, you may simply stop participating.

Contacts

If you have any questions about the study or need to update your email address contact the primary investigator Karri Backer at 909.379.8352 or send an email to Karri.Backer@cst.edu. This study has been reviewed by Claremont School of Theology Institutional Review Board and the study number is 2016-17.

Questions about your rights as a research participant.

If you have questions about your rights or are dissatisfied at any time with any part of this study, you can contact, anonymously if you wish, the chair of the Institutional Review Board by phone at (909) 447-6344 or email at irb@cst.edu.

Thank you.

❖ SIGNATURE OF PARENT OF RESEARCH PARTICIPANT

I have read the information provided above. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction. I have been given a copy of this form.

Name of Participant

*Signature of Participant
Date*

Address of Participant

Phone

Email

SIGNATURE OF WITNESS

My signature as witness certifies that the participant signed this consent form in my presence as his/her voluntary act and deed.

Name of Witness

Signature of Witness

Date

*(same as
participant's)*

SIGNATURE OF INVESTIGATOR

Signature of Investigator

Date

A copy of this document will be supplied for your records.

Appendix C: Sample Interview Questions

The interview questions are semi-structured and I intend to follow the participant's lead to discuss experiences that are important to them. Also, I know from experience that some people

can talk about one question for an hour, and want to encourage these kind of in-depth answers, so while I will have enough questions to prompt people provide information; I am not interested in too many quantitative type questions, but fewer questions that yield rich data.

First Interview Sample Questions

Tell me about your current job or volunteer position. Did you just come upon this position, or was it something you planned to do? What were your early experiences like doing this position? How would you describe how your faith is connected to the work you do, if at all?

What kind of experiences does this work entail? How would you describe the primary trauma that you come into contact with?

How do you think this trauma affects you? Personally? In your relationships? In your work? In your health?

How might experiencing trauma in this way have affected your faith? Your relationship with God?

How have your experiences working within an environment that features primary trauma affected your overall experience of life? Your outlook of life?

Second and Third Interview Questions

(interviews will occur while the group is happening)

How is this process going for you?

What connections do you see between the work we are doing in the sessions and your own work?

Please reflect again on how the trauma at your work affects you. How do you experience this personally? In your relationships? In your work? In your health? Your faith and relationship with God?

What do you find helpful in our sessions? What are things you could do without, or maybe just don't know why we are doing it?

Do you have any recommendations for how to make the program more helpful or relevant?

If you were creating these interview questions, what would you ask?

Final Interview Questions

(Four weeks after the last session)

Now that you have had time to reflect on your experiences during The Compassion Practice curriculum, what do you think of the process?

Has this process affected how you experience your work? Your personal life? Your relationships? Has it affected your health?

Has your experience of your faith changed during the time you have participated in this research? What about your experience of the Sacred? Has your definition of the Sacred changed during this process?

How would you describe how your faith is connected to the work you do?

How would you define secondary trauma? How has your experiences working within an environment that features primary trauma affected your overall experience of life?

Has the program changed this at all? What practices or experiences did you find most helpful? Which ones did you find the least helpful, or, in your opinion, irrelevant to your situation?

Have others commented on any changes they have witnessed?

Appendix D: Proof of CITI Training

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM) COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- Name: Karri Backer (ID: 3443401)
- Email: karri.backer@cst.edu
- Institution Affiliation: Claremont School of Theology (ID: 2897)
- Institution Unit: Practical Theology/Spiritual Formation

- Curriculum Group: Students conducting no more than minimal risk research
- Course Learner Group: Students - Class projects
- Stage: Stage 1 - Basic Course
- Description: This course is appropriate for students doing class projects that qualify as "No More Than Minimal Risk" human subjects research.

- Report ID: 19233656
- Completion Date: 04/15/2016
- Expiration Date: 04/15/2019
- Minimum Passing: 80
- Reported Score*: 100

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Belmont Report and CITI Course Introduction (ID: 1127)	04/08/16	3/3 (100%)
Students in Research (ID: 1321)	04/08/16	5/5 (100%)
Completing the Human Subjects Research (HSR) Course (ID: 15686)	04/15/16	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
Email: citisupport@miami.edu
Phone: 305-243-7970
Web: <https://www.citiprogram.org>

Collaborative Institutional
Training Initiative
at the University of Miami

Appendix E: Confidentiality Agreement

Transcriptionist

I, _____ transcriptionist, agree to maintain full confidentiality in regards to any and all audiotapes and documentations received from Karri Backer related to her research study, “*Secondary Trauma and Compassion: A Narrative Inquiry into Secondary Trauma and The Compassion Practice.*”

Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audiotaped interviews, or in any associated documents.
2. To not make copies of any audiotapes or computerized titles of the transcribed interviews texts, unless specifically requested to do so by the researcher, Karri Backer.
3. To store all study-related audiotapes and materials in a safe, secure location as long as they are in my possession.
4. To return all audiotapes and study-related materials to Karri Backer in a complete and timely manner.
5. To delete all electronic files containing study-related documents from my computer hard drive and any back-up devices.

I am aware that I can be held legally responsible for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes and/or files to which I will have access.

Transcriber's name (printed) _____

Transcriber's signature _____

Date _____

Appendix F: IRB Approval

Gmail - IRB

<https://mail.google.com/mail/u/0/?ui=2&ik=1a31c33227&view=pt...>



Karri Backer <karianne@gmail.com>

IRB

Tom Phillips <tphillips@cst.edu>
To: Karri Backer <karri.backer@cst.edu>
Cc: Institutional Review Board <irb@cst.edu>

Fri, Apr 29, 2016 at 4:35 PM

Ms. Backer,

Congratulations. The IRB has approved your proposal.

You may begin interacting with human participants.

Normal cautions:

- (1) Your approval is valid for one year from this date. If you need more time to collect data, you will need to obtain a renewal from the IRB. (You do NOT need a renewal for ongoing analysis of existing data, only for collection of new data.)
- (2) You will need a reapproval from the IRB if you change your research protocols.
- (3) The IRB has the authority to call a halt to your research at any point if a participant files a complaint with the IRB or IRB believes that the participants are at significant risk.

Again, congratulations. We wish you every success with your research.

Blessings,

Tp

Thomas E. Phillips, Ph.D., MLS, M.Div.

Dean of Library and Information Services
Professor of Theological Bibliography
Claremont School of Theology

Established in 1885, Claremont School of Theology is an ecumenical institution of The United Methodist Church, situated in Southern California among the prestigious Claremont Colleges.

From: karianne@gmail.com [mailto:karianne@gmail.com] **On Behalf Of** Karri Backer
Sent: Wednesday, April 27, 2016 1:56 PM

Appendix G: Invitation to Potential Participants

The following letter was distributed via email and also to Fuller University students through their School of Psychology:

Hello.

Certain communities of professionals, activists, and caregivers suffer stress and other problems resulting from helping or wanting to help traumatized or suffering people. This phenomenon is called ‘secondary trauma’. I am a practical theology Ph.D. student doing research into this phenomenon. I am looking for individuals who engage with traumatized and suffering people in the course of their work, and who are willing to take part in a research project that will consider ways spirituality and faith can support people who experience secondary trauma. If you are wondering whether you have been affected, you should know that secondary trauma often includes feeling helpless and hopeless and a sense that one can never do enough. It often manifests as hyper-vigilance, chronic exhaustion, fear, anger, cynicism, an inability to empathize, and even physical ailments.¹³⁵ Its hallmark is disrupted spirituality, just as with direct psychological trauma, in which the signature loss is that of meaning and hope.¹³⁶

So, you know a bit about the study: I am a Ph.D. student at the Claremont School of Theology in Claremont, California. My particular area of focus is Practical Theology and Spiritual Formation. To the extent it is relevant, I am an ordained priest in the Episcopal Church. I am slated to begin my research in the summer of 2016, and will be looking at how compassion-based contemplative practices might support people who are exposed to secondary trauma. I hope my research will contribute to a better understanding of how secondary trauma affects individuals and communities. The research will also address the role of spiritual formation in healing trauma, and I hope it may also result in practices and curriculum that will support people working in environments where secondary trauma is common.

If you are interested in participating, or if you have questions, please contact me directly at Karri.Backer@cst.edu or at [\(909\) 379-8352](tel:(909)379-8352), preferably by June 10, 2016. Also, please feel free to forward this information to anyone you believe might be interested in participating.

Thank you for considering my request.

Karri Backer

¹ Laura van Dernoot Lipsky with Connie Burk, *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* (San Francisco: Berrett-Koehler Publishers, Inc., 2009), 47-115.

¹³⁶ Laurie Anne Pearlman and James Caringi, “Living and Working Self-Reflectively to Address Vicarious Trauma,” in *Treating Complex Traumatic Stress Disorders: Scientific Foundations and Therapeutic Models*, ed. Christine A. Courtois and Julian D. Ford (New York: The Guilford Press, 2014), 203.

Appendix H: Final List of Codes

Code System	Memo	#
Code System		934
Feelings		0
afraid		4
Scared		2
"Frightened:		1
Joy		3
Self-Loathing		3
Sad		3
I cried		3
Shame		3
Hopeless		3
Acceptance		8
Vigilance		9
anger		9
Fear		11
Voice: Uplifting		1
Voice: Tender, needing	Listening to her voice again makes me want to cry. hear the desperation in her voice, so painful.	1
Voice : Emphasis on this word		1
Voice: Pain	"I hate it"	1
Hope		10
Voice: Laughing, serious		1
Helplessness		1
Voice: Energetic		1
Feeling: Shame		1
Feeling: Fed up with religion, desiring authenticity		1
Feeling: Fear		4

Code System	Memo	#
Feeling: isolates		1
Feeling: Needing control		1
Feeling: Helplessness		1
Feeling: Confusion		1
Feeling: Anger		2
Feeling: Pain		1
Feeling: Not being held		1
Feeling: Wanted, needed		1
Feeling: Disgust		2
Feeling: Understanding/heart space		1
Feeling: Losing it		1
Feeling: Condemning		1
Feeling: Vigilant		1
Feeling: Disturbing		1
Feeling: Shivers		1
Feeling: Irritable		1
Feeling: tension		0
Feeling: Love		1
Laughing		1
Feeling: Hardness		1
Feelings: Joy		1
Frustrated		1
Feelings: Longing		1
Feeling: Overwhelmed		2
Feeling: Pleasure		1
Feeling: Exhaustion/Dread		0
Secondary Trauma		1

Code System	Memo	#
ST Support Group for		3
ST Coping		5
Primary Trauma		1
ST: primary trauma		4
Bound by trauma		2
Primary trauma		6
Trained to be a container for others' pain		1
ST from other group members		2
Trying to help and not up to it	Trying to help people in trauma, experiencing more ST because of primary trauma	1
ST:A		0
Turkish government		2
Turkish protests		7
ST Healing		2
Blamed for ST symptoms		1
Privilege mediates ST		3
ST symptoms+ Family		3
ST Symptoms		27
Isolation		1
ST symptoms		17
Isolation		1
God knows		0
ST S: Worldview		1
Previous st tx		1
ST Symptoms: Images		1
PTSD		1

Code System	Memo	#
Spirituality and ST	This is the intersection of spirituality of spirituality and ST - ways that people come to know God, others and themselves or engage with meaning at a deeper level through their experience of ST.	0
worry		2
Liberation from trauma		3
ST Effects		5
Spirituality and ST		1
I was the presence of Jesus in her life in that moment. I belie		1
God in the midst of suffering		2
Suffering Jesus		3
Theology: Dark God		0
God's Dark Side		5
Dark God and Light God, God is not just dark but this person of		1
Dark side of God		1
Theology - Interconnected through suffering--> compassion		0
My theology is deeply rooted in relationship with others		2
Theology of relationships		4
God in the suffering		3
V - the truth is not in glory but in suffering		3
Presence in suffering an organizing principle		3
And to enter in to that brokenness is almost like entering into		1
Transitions into suffering		1

Code System	Memo	#
And to me, God is always the one who suggested that it wasn't a		1
S: It still needs that care. For one gentleman in particular		1
We're connected by our trauma		6
Salvation/liberation		2
So their liberation is my liberation and mine is theirs . Their		1
So their liberation is my liberation and mine is theirs		2
Interconnected nature of all things		2
"Forgot God existed"		1
Spirituality		0
Resources from religion		2
Experience of God		7
Being Held		5
God = Centeredness		1
Sin and evil		2
Heaviness of Burden		3
The Call/Vocation		0
Felt an overwhelming call to be with suffering		2
Religious Invitation		2
Called to Fostering		1
the call		4
Called to sit in suffering		5

Code System	Memo	#
Experience of being in the midst of poverty		1
Call		1
Vocational Questions	Why am I here and what am I supposed to be doing?	1
Questions about God		1
Light Darkness		1
Faith journey as looking for a place to be held		1
Our DNA is one of Love		1
Scripture		0
Scripture Stories		2
What helps us to remember?		1
Scripture influence		1
Trauma/Battle		1
Biographical Information	Information about participants	0
Demographics		3
Biographical Info		15
Bio Stuff		2
Bio: C		0
Heard about secondary trauma		2
Invitation to Carry Burden - Difficulty	Not sure about this code - there seems to be something here in that people are called to carry the burden, want to carry the burden, but then cannot. But not just that, but the space of not being able to figure out why. Jesus calls them to this, Jesus says (at times, at times something else completely!) that the burden is light, and then they can't do it. And there is confusion. And disappointment. And trauma.	1
Legalism		1
Heaviness		1
Benefits of trauma work		1

Code System	Memo	#
ST+ Family		1
Grace		1
Disappointment		2
Shame		2
Overwhelmed		2
Feeling safe		3
Grounded		3
Compassion like v real compassion		3
Exhausted		4
Inspiring people		4
Freedom		2
heavy		1
heaviness		4
Health and unhealth		1
Contemplative Practices		4
Loved by God		3
Extra sized heart		2
Jesus+ Suffering		3
Mother Theresa		8
Bio: B		0
Faith Development		1
Unenmeshed		4
Blaming God deflection/ defense		1
Spirituality's role in opening up space of hope		1
Social intolerance for not liking kid		1

Code System	Memo	#
Self-Compassion		1
Early faith experiences		1
Theological conflicts		1
"makes me adore the theology of the cross more"		1
Care for Wife		1
Horror		1
"my needing to make sense of it or something"		1
Deterministic God?		6
Honesty and Trust		3
"it's extremely painful"		2
CP - Flag - Gift		4
Depression - tx		4
"Isolation is a huge part...and the shame of all the...feelings		1
"Too traumatizing to hear everybody's else's struggle		1
"I am eager to see what happens next."		1
Tired of John's aching need I want to die		1
"I got to see over and over like joy and hope and faith"		1
Bio: S		0
Chaos		4

Code System	Memo	#
	I've always been trying to make sense of this life	0
	Wanting to be held	1
	Lack of Centeredness	1
	Trying to fill God space	1
	Being held = being wanted	1
	I have the image of Jesus always moving out of the city, out of	1
	I have this insatiable notion that humanity is good	1
	Trauma Work	1
	Something about us both being on this path	1
Bio: A	Biographical information for A	0
Bio: Religion		8
I really want love		2
Goal of missionary work		1
We are actually condoning it if we are not doing anything		1
A's reflections		5
CP like		1
It's okay it is not something that has to destroy me		1
Reactivity		2
Change in missionary intention		1
Missionary work		3

Code System	Memo	#
	Turkish response to God	1
	Theological revolution	1
	Feelings are not sin	1
	Anger as sin	1
Compassion Practice	All things compassion practice - experience, effects of, wanderings about	0
Triggered		2
Compassion		5
Naming the transcendent		1
CP + ST Curriculum		39
CP - Initial		3
Definition of Compassion		1
Loss		1
Difficulty		1
Muscle memory		4
CP: Transformative		6
Working with IFS also		1
CP: Teaching		1
Transition		1
Self care always feels like treating symptom and compassion		1
CP Example		1
CP Automatic		2
CP + Family Members		8
CP Process		36
CP Process: Awareness		12
Parenting Group - Awareness v Compassion		3

Code System	Memo	#
Parenting Group		1
Frustration		
CP Process: Curiosity		1
CP Process: Welcoming		1
CP Process - Compassion for Group Members		3
CP Process - Healing		3
CP Process - Overwhelmed		2
CP Process: FLAG		9
CP Process: PULSE		1
CP Process: U-turn		5
Self care v fixing		1
The Sacred		5
Effects		1
Life Transforming		1
Reactivity was addresses		1
Joining in good experiences		2
Grief		2
Change in hopelessness		2
lighter		3
Transformational		5
CP Follow Up		10
Effects of CP		12
Integration		1
Self-Compassion		4
Ability to achieve a realistic stance		1
I am kind of mystified that it's a pretty significant shift and		1

Code System	Memo	#
Sweet Me		1
Less Shame		1
CP Effect s: Sharing CP		3
CP Effects		15
I didn't realize that the way you feel could not be your cores		1
Ending with Gratitude		1
Experience of Self		0
But now that I don't feel that that is me anymore I was able		1
new person		3
Getting to know centered self		4
I use to be so volatile! It was crazy		1
That 's not me		1
CP Effects: Compassion for other		1
CP Effect : Less Triggered		2
In the past it would have thrown me for weeks maybe		1
CP Effects: Marriage		1
Effects of CP: Trust in God		4
Effects of trauma on family		2
More mental space		1
CP Experience		0
CP Experience		7
Image experienced as gift		1

Code System	Memo	#
Native American Woman Image		3
Meet the Meerkats		9
CP Experience: knowledge of pain		0
CP Experience: New insights		1
Abominable Snowman		1
Wild Dog		1
CP - Image		14
Feeling: Tightness		0
Feeling: Resistance		0
Post-Traumatic Growth		0
Pig trough		1
I feel fortunate. I mean I'm suffering but I feel fortunate.		2
Antidote to poison		3
Compost metaphor		3
PTG		6
Trauma becomes a beacon		1
The compassion practice is like this, like this key that unlock		1
the main thing is to be in love with the people in my life and		1
PTG: Gift that allows me to connect		2
Definition of sin		2
Creativity		1
Some of the edges are less sharp		1
Dynamic		1
Tenderness		2

Code System	Memo	#
Not surprised		1
Painful		1
"Being retraumatized"		1
"That was terrible"		1
Support group source of empathy		1
Isolation		1
"When he was in jail I was relieved and she was desperate"		1
"This tension of okay is the other shoe going to drop"		1
Abdication	Weary	1
"I was sick of myself"		1
Conflict		1
" I am too much of a bummer..."	"I am bringing too much to the thing"	1
Commitment to truth		2
"I am so grateful. So grateful"		1
Voice : Laughing, excited		1
Surprised		1
Delighted		1
Commitment to ambiguity		1
"I 'm curious too"		1
in the expansion in my experience through suffering I found tha		1
Voice: pausing		1
You can hear me sort of wrestling with it		1
Engaging in ambiguity		1
I struggle with that.		1
Wondering		1

Code System	Memo	#
Agony		1
Incarnational		1
Frustrated		1
Compassion meditation will ground and strengthen		1
"It's just hard."		1
Practice: Receiving Compassion		0
Theology of the Cross		1
CP + IFS		1
Don't take it so personally	Not sure why the switch to brain shape? Why wouldn't not taking it personally now possibly have something to do with the CP? While she does say that the CP changes the brain, it could also rework the internal system so that the part of her that was taking it personally is not any longer.	1
Wisdom		1
Now I grieve trauma. I really grieve injured people injuring ot		1
But I do see that I am now a member of a club that's got a million members		1
Powerful God	Wrestling and dynamic - not a God of comfort that you can rest into. Tiller - overturning. Must have nimbleness	1
Weary		1
Partnership with criminal justice system		1
But I do see that I am now a member of a club that's got a million members		0
Hope + Acceptance		1
Acceptance		1
Contemplative practice+ depression		1
God Knows		1

Code System	Memo	#
ST exposure within support group		1
Shame		1
Spirituality: Confessor?	It sounds like she wants to talk to someone, as this emerged out of the discussion of isolation and not having anyone to speak to about the difficult experience of not liking your kid, but she uses spiritual/religious language, "Confessor"	1
All of it		1
ST and Brain		1
To me the big horror of ST is the change in worldview		1
Delight in finding sacred in unexpected places		1
"there, there"		1
God's power is so all encompassing that it takes the entire spectrum		2
Self-care practices		1
ST and Self care		1
ST Support for Fostering		1
First experiences with ST		1
Life sucks and God loves us		1
Lutherans are very incarnational Christians		1
Current ministry		1
Going away and coming back		1
Parts		2
Idealist		1
A man is coming back into relationship with himself		1
Then when we do, God is incarnate, God is alive, right, God is		1

Code System	Memo	#
Because what I found is the center of the sacredness exist out		1
I think God is there in the midst of the suffering when we choose		2
Theology		1
Showing up		1
Showing up		1
Presence of someone willing to sit with you		2
I've always been trying to make sense of this life		1
Abandonment		1
Faith Journey		1
Understanding of God		1
Shame in desire		1
For me it is these dead things coming to a fuel. The dead thing		1
Resurrection		1
The whole		1
Relation to trauma		1
Going into battle unarmed		1
Reactive		1
Self-care		1
Again I felt like my heart got more alive, I don't know, or pum		1
Pleasure		1
More myself		1
The thing that came to me is I am on the front line		1
Foundational		1

Code System	Memo	#
I am sensing kind of the more greater capacity to love or even		1
Parts		1
Partnership with God		1
Faith		1
Permission		1
Relief		1
Feeling free		1
Empowering		1
Community		1
Seeing/being seen		1
ST as oppressive		1
Suffocation		1
Non-judgmental		1
Mirroring		1
Kindness		1
Appreciation for Self		1
Expectations		1
Waiting		1
Danger		2
Hope		2
Insecurity		1
Flabbergasted		1
Mo Theresa		1
Sensitive		1
Very Emotional		1
Trust		1
Joyful experience of being loved		1

Code System	Memo	#
Longing to relax or breath		1
Tears instantly		1
Very hard		1
Experiencing Compassion		1
Curious		1
Relating		1
Theodicy		1
Openness		1
...And I desperately need to feel different after...		1
Best thing ever		1
Dread		1
Sometimes they feel really empty		1
Empowerment		1
Courage		1
As much as I can hold on to what I know of God, I will be more		1
Church community		1
Religious Identification		1
They are all going to get killed anyway		1
loss		1
Witnessing		1
I was not going to love again		1
Heartache		1
Dangerous		1
Connections		1
Loved		1
Religious Invitation		1
Repercussions for not living into call		1

Code System	Memo	#
	My heart resonated with hers way back then. She's a picture of	1
	C: Yes. I feel like I have a heart or an extra sized heart for	0
	Naming work	1

Appendix I: Participant Reflections

Lisa's Epilogue

It has now been over one year since I was actively doing the compassion practices. My family situation has changed drastically a few times since we were together. We kicked our son Tom out of the house after he became too violent a few months after the compassion practice. I do not think the compassion practice influenced my thinking about this, but I will tell you there was a deep sense of gratitude the night we had to call the police and usher him out of our house. We had always worried Tom would have to hurt one of us before we realized we had reached our breaking point. We also worried Melissa and I would not be in agreement when we came to this moment. The night in question, Tom was so violent, and yet did not hurt himself or anyone else. Melissa and I were completely clear it was time for him to leave. Tom even understood he had crossed a line. We were deeply shaken by the incident and also so grateful that we had clarity and safety.

Tom was away from our home, but in frequent if not constant contact for the next nine months. I began to recover while he was away. Our home became a calm haven again. I began to heal from my trauma. I did not do any intentional compassion practice meditation during this time, but the messages in my self-talk were now significantly different. I was no longer trying to “get over” my anger or my despair, but rather always took my PULSE and was able to stop and give myself genuine care and compassion. I no longer thought, “You shouldn’t be angry, what’s wrong with you?” Instead I thought, “Oh dear darling, of course you are angry. Sit in this anger and let it be your friend.” You can see the significant shift in that self-talk and how beneficial the second option would be for healing. I had so much shame about having shame. That cycle seems to be broken, or at least very, very much diminished.

Melissa and I started going to a personal trainer once a week and completely changed our exercise routine. Our emotional states were improved with this. Then we made dramatic changes in our diet, going to a fairly strict plant-based diet. Now I've also limited gluten and dairy. You can't give up meat, dairy and gluten very easily, so I'm not adamant about any of these items, but again, my body *and my mind* feel significantly different. My brain has changed. I'm convinced the meditation practices jump-started this. I have tried to eat better for years and have not been able to do it. All I can tell you is this time it was not that difficult. I am sure the new neuropathways created in my healing brain is part of why this was possible. I am now adding more meditation to my care and cannot wait to see how much deeper my health can become.

Our son and his girlfriend are now expecting a baby, and to protect the child and the girlfriend from Tom's outbursts, we've decided to have them live in our guesthouse. Once again I notice *significant* differences in my ability to manage this. My mood feels almost artificially elevated. I know that is not what is happening, it's just the sense of well being I have is still quite new to me. I think there is a grounding and dare I say even joy or hope (gah! Can you believe I use the word "hope"?!) about our ability to do this. I know it will be very, very difficult and draining but I also know I am a different person from the one who had to manage all this a year ago. The shape of my brain has changed, and because of this, every aspect of my life is different.

I try to describe this to my spiritual director. I alluded to some of this spiritual wisdom in my comments in this dissertation. In the darkest periods, I realized God was not all-loving, but sometimes very cruel. I said, 'Now I know God is an asshole, but God trusts me to know this.' I still feel that way; God may not be all loving. But only the very wise get to know this. I think it is why many people who suffer deeply are also the ones who have the deepest knowledge of God.

It's messed up, I know, but it's true. And now I have the wisdom, which gives me incredible strength and trust, that God is not always kind and yet is trustable. My faith feels deeper, less rattled by chaos. I do not expect God to save me from my trials, but I do know from genuine experience, that God is present in the madness. We will not be spared from agony. But God will join us there. I knew that in my mind before, but not in my soul and my body. This understanding of who God is is much more integrated into my whole person now.

Linda's Reflections

Reflections from the workshop I led at an all district training for Anaheim Union High School District in October 2017.

I do wish you could have been there to see what happened. It was so beautiful!

There were enough chairs for 45 people, but we squeezed 55 into the room. It was an elective workshop and 55 people wanted to be there. About 18 were former or current colleagues including my husband who has been a teacher for over 20 years.

I gave a brief introduction; defined compassion went over the PULSE of compassion and then reminded everyone that in our best selves compassion just flows. I affirmed that as teachers they got into the profession because their hearts beat to the PULSE of compassion. (I could sense that it felt good for people in the room to be affirmed...this then became a major theme of the work that happened during the workshop. As people shared, I could affirm them. Guess what, teachers have a deep need for affirmation! I had not planned for it but it was so necessary and it came really naturally!)

I then gave people 3 minutes to recall an experience they had with a teacher who had extended compassion to them or an experience where they *wished* a teacher had shown them compassion. I had a little worksheet with questions to answer if they wanted to write. Then I had them pair share. People were so vibrant as they shared.

I gave the group time to share observations about compassion with the larger group. Lots of people participated. The comments were insightful and I could tell people were engaged.

Then I said, "Sometimes our heart's beat in rhythm with the PULSE of compassion but sometimes our PULSE is off and we have tachycardia or arrhythmia. Maybe specific students or circumstances or compassion fatigue affect our PULSE."

I gave examples of students who may push peoples' buttons and got the heads nodding. Then I asked how many had heard of compassion fatigue. Only a few hands went up. I validated that it was real and that research I found reported teachers (especially in high stress environments) often measured the same instances of compassion fatigue as oncology nurses. We didn't go into detail about it but I could tell that people in the room intuitively knew what I was talking about.

So what do you do?

Take a U turn.

Take your own pulse.

Practice awareness - I taught about feelings being a gift (They are like our children: we don't lock them in the trunk but we don't let them drive either)

"Awareness and listening to our selves can restore us and re-calibrate our hearts to the PULSE of compassion"

Then I had people read two paragraphs from Alane's book on page 106 silently. They looked for a sentence, phrase and word that stood out to them then shared in groups of four (Reading some text together is teacher-workshop stuff that they wanted us to include - and her book had helpful, hopeful description of how mindfulness could prevent people from being "hijacked" by their reactive state). Again, when I asked for whole group responses to the page of text, people had lots of personal connection to share out.

One teacher shared how he felt that he is great at work, but then by the time he gets home he has no patience for his kids. His vulnerability was genuine and many groaned in agreement.

Another teacher shared about how he was trying to prepare to interact with a student whose stepdad had been killed in the Vegas shooting. He was a giant football coach and his

vulnerability was absolutely beautiful. "I didn't know what to do and yet I knew I had to do something."

As I reflect, I am so grateful that a space was created for teachers to share about emotions without shame or judgment. This is more extraordinary in reflection than I recognized in the moment.

There was a profound awareness that something very meaningful was happening in the room and we had really just gotten started.

So in the moment, what can we do as teachers?

I introduced the idea of breathe, bracket, behold. In the classroom setting this is really the most helpful tool. Throughout their day, in classrooms, teachers cannot stop and meditate or even do very much to try to ground. They can't go outside, take a walk, call a friend, listen to music. They can't even leave class to go to the bathroom...so breathe, bracket behold makes sense. People appreciated it.

Then, I suggested that some time during the day they make sure they are not locking the children in the trunk. They make sure to look at the FLAG that their emotion was waving.

I taught FLAG and used specific student examples for each: The dread or anger at the disruptive student might be from a Fear of not being a good teacher or the fear of being out of control.

The story about my students who came to school under the influence and how my disgust was waving the flag of Longing for them to be okay.

I also realized that the whole idea of "Gift obstructed" happens regularly for teachers. They can feel things related to this because their *gift* for teaching or the gift of knowledge that

they want to share is frequently obstructed by the students' behavior or absences or apathy etc.

Teachers really connected with this.

I encouraged self-care. "The most vital way to stay grounded and flow freely with compassion is self-care. Show compassion to yourself. We get kids taken away from their parents for neglect and yet some of us ought to be arrested for how we neglect to care for ourselves."

I also encouraged daily practices that nurture emotional intelligence.

NOW, I said, we can turn and take the PULSE of another.

I invited them to try the meditation practice of beholding a student that they may consider a challenge or one that they want to develop a deeper connection with.

It was so moving to watch a classroom full of educators with their eyes closed considering one of their students. My husband had a furrowed brow that I will never forget. The calm and the love in the room was thick.

When it was over, a few people shared about their experience out loud. "I want to look at my students and see the best in them and remind them of who they really are," said one basketball coach.

I dismissed folks with the message about the ripples of compassion that will continue as they do what they can to show compassion to themselves and their students.

People clapped. They were so grateful.

And I was so grateful.

One friend sent this message later in the day: "Best inservice presentation I've ever been in! Literally the only one that has ever had true meaning and will be applicable!" --- you can imagine that it was very encouraging to hear something like that!

The Superintendent came in during the workshop while people were reading. He said, "Wow, standing room only!" I replied, "People are hungry for this." He agreed. It was so good.

I am in awe of what has happened in my life to get me to this place.

There is great need for this in the schools. I'm grateful to have gone through the life giving practice and to have something to share. Grateful to the Author of Life for the amazing story in which I get to participate.

With deep appreciation,

Linda